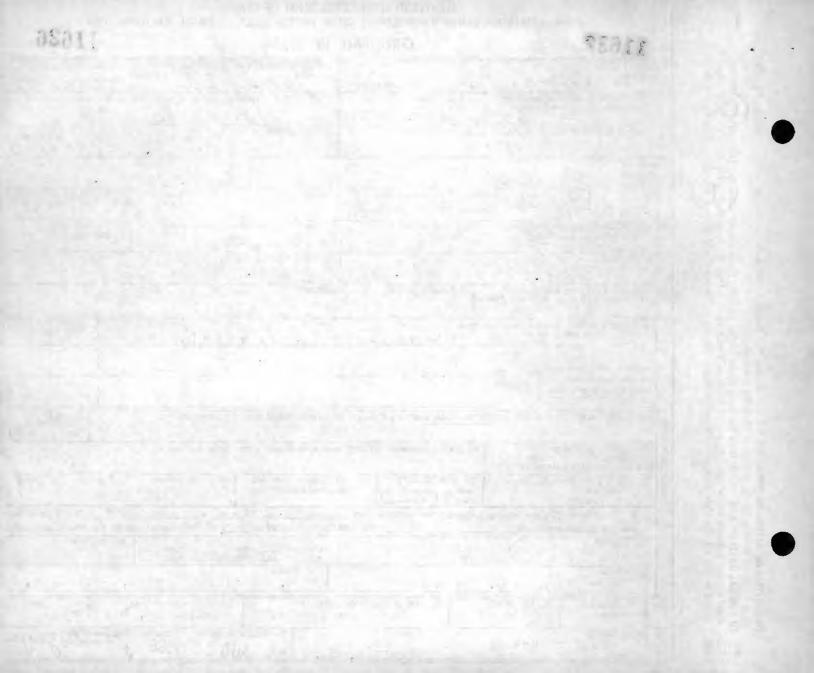
Division o	STATISTICAL RESEARCH AND RECORDS	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, MARYLA	ND 21201
ATE 11631	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	11625
1. PLACE OF DEATH a. COUNTY	Gomery MARYLAN	2. USUAL RESIDENCE (Where deceased lived, if institution o. STATE Maryland b. COUNTY	
b. CITY OR TOWN (If outside cap write RURAL and give heorest	Clada Thera	Huntington	L and give neorest town)
70 500	of ION (If not in hospital, give street address)	d. STREET ADDRESS # 44	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR O	First Clifton	A DATE Month OF DEATH 1 8 DATE OF BORTH 9 AGE (In years)	Day Year 25 19 66 FUNDER 1 YEAR IF UNDER 24 HR
4	2 WIDOWED DIVORCED	8. DATE OF BOXIN 17-12-25 4 last birthdoy) 7-12-35 11. BIRTHPLACE (State or foreign country)	Months Days Haurs Min
during most of working life, even if ret	ired) INDUSTRY	_/)	COUNTRY?
Thomas Ray			town- Md
VAS DECEASED EVER IN U.S. ARMI	D FORCES? It of dates of service) 16. SOCIAL SECURITY NO. 212-24-4308	17. INFORMANT Address	Same as
18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMED) Canditions, if any, which gave rise to immediate cause (o), stating the underlying couse		Juries. Severe -	INTERVAL BETWEEN
Canditions, if any, which gave rise to immediate cause (o), stoting the underlying couse	(b) Trains-for	n. to 11.05.70 some fact.	
PART II. OTHER SIGNIFICANT CO) (c)	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Port I or Port II of item 18.) Res of building landing m.	YES NO [
20c, TIME OF INJURY Manth, D Haur a.m.		PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 7. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) 7. PLACE OF INJURY (Hame, farm, farm, factory) 7. PLACE OF INJURY (Hame, farm, farm, factory) 7. PLACE OF INJURY (Hame, farm, farm, factory) 8. PLACE OF INJURY (Hame, farm,	(County) (State)
	ak charge of the remains described abave	, held an Autopsy 🔀, Inspection 🔀, Inquir	
death resulted from:	Natural causes . , Accident .	Suicide , Homicide , Undetermined mar	nner 🗌
ACTUAL SIGNATURE	In G. Ball	M.D. ASSISTANT MEDICAL EXAMINER .	22. DATE SIGNE
EXAMINER'S NAME (Type)		DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar caunty)	, 200
REMOVAL (Specify)	. DATE THEREOF 23c. NAME OF CEMETER' St.Edmond	OR CREMATORY 23d. LOCATION (City or Town	d Cal. Md.
24. FUNERAL DIRECTOR	Prince Frederick Md	25g. REC'D BY REGISTRAR 25b. REGI	Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) g. COUNTY MARYLAND b. CITY OR TOWN (If autside constrate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autoriae corporate limits, write RURAL and give neprest tawn) 19 hus 15 min law requires that the death certificate be executed within 24 hours filled in papers. d. NAME OF HOSPITAL OR JASTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? YES NO TV 3. NAME OF 4. DATE Day DECEASED ove cart (Type or print) DEATH 9. AGE (In years' DATE OF BIRTH IF UNDER last birthday) Months Days Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 RIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retized COUNTRY? 13 FATHER'S NAME / 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, na, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO ٥ 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased from 6 Am 8-22, 19 66, to ____, 19___, that (I) (we) last be retained and that death accurred at 2 20 M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Edmondston Drive, "ockville, Mo NAME (Type) Frances J. Troendle 23d. LOCATION (City or Town) (County)
Rockville, Maryland 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF REMOVAL (Specify) 8/25/66 Parklaan Cemetery 24. FUNERAL DIRECTOR
VSON Wheeler Funeral Home 1331 Rockvi 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Rockwille. DATE



I. PLACE	OF DEATH	2	INLUIC	AL EXAMINER		OF DEATH	lived, if institu	itian: Residence	1627
o. COU	NTY			MARYLAND	o. STATE	,	b. COU	JNTY	OMERY
b. CITY	OR TOWN (MONTGOMERY If autside carparate limit	ts,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (RYTAND	limits, write RU		
writ	e RURAL and	give nearest tawn) BETHESDA		11 Hrs.	11	Y CHASE			14-1
d. NAM	E OF HOSPITA	AL OR INSTITUTION (If n	at in haspital, give		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		SUBURBA	N HOS	P.	VEGOEX	MAPLE AVI	7		YES NO
3. NAME			irst	Middle	Lost	4. DATE	Mon	ith	Day Year
OECEAS (Type o	r print)	GEORGE			RETCHARD	OF DEATH	AUG	UST	20 19 66
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 H
Mal	e	White	WIDOWED	DIVORCED	5/42/84		last birthday) 82 yrs.	Months D	Jays Hours Mi
10a, USUAL	OCCUPATION	(Give kind of work done	10b. KIND INDU	OF BUSINESS OR	11. BIRTHPLACE (S	itate or fareign cour	itry)	12. CITIZI	EN OF WHAT
auring mas	Reti			rocery Clerk	Hagers	stown, Ma	rvland	COOK	U.S.A
13. FATHE					14. MOTHER'S MAID	DEN NAME			
	Reniar	min Reicha	ard		Susa	an A. Spe	ilman		
	DECEASED EVE	R IN U.S. ARMED FORCES?	16, 500	CIAL SECURITY NO. 1	7. INFORMANT		Addr	ress	
,	O	(If yes give war ar dates	577	-09-4809	Nephew(K.G.	Famald) San	ne as al	hove
1B. C	AUSE OF DE	EATH (Enter only one co					7		INTERVAL BETWEEN
	PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	IN ASI	peration	of Bestr	ic. Com	ナセハナス		ONSET AND DEATH
-							- April		
9	00.0		20						
		DUE, which gove)	20						
rise to	immediate	, which gove	10 (b) Cer	cherel Co					
rise to	immediate	, which gove) e cause (a),	10 (b) Cer						
statin last.	g the under	, which gove be cause (a), had couse (lips)	(b) Cer 10 (c) 1P/e/n	cherel Co	ntusien +	Fractur	wel. 5 A		19. WAS AUTOPSY PERFORMED?
statin last.	g the under	, which gove be cause (a), had couse (lips)	(b) Cer 10 (c) 1P/e/n	eberz/Co	ntusien +	Fractur	wel. 5 A		19. WAS AUTOPSY PERFORMED? YES X NO
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statin last.	g the under	, which gove e couse (a), rlying couse GNIFICANT CONDITIONS	(b) Cer (b) Cer (c) Plefo CONTRIBUTING TO	cbere/Co	ntusield &	CONDITION GIVEN	IN PART 1(a)		PERFORMED?
statin last.	in mediating the under II. OTHER SIGN EXTERNAL CA ARY TO OF COP E OF DEATH. TIME OF INJUIN	which gove e cause (a), flying couse DUE GNIFICANT CONDITIONS (AUSE WAS INTRIBUTING DUE) USE WAS USE WAS DIRRIBUTING DUE, Year	(c) Pleft CONTRIBUTING TO 20b. DESCR Fe] 20d. INJU	cbare/Co	o the Terminal Disease ED. (Enter nature of injury irs at his PLACE OF INJURY (Home,	CONDITION GIVEN y in Port I or Port I home form, 20f. (IN PART 1(a) of item 18.) City ar fown)	Kull.	PERFORMED? YES MO
rise to statin last. PART 200. PRIMM CAUSI 20c.	immediating the under	which gove e cause (a), rhying couse Gorn Conditions of Co	(c) Pleft CONTRIBUTING TO 20b. DESCR Fe] 20d. INJU	cbare/Co	o the TERMINAL DISEASE ED. (Enter nature of injury irs at his	CONDITION GIVEN y in Port I or Port I home form, 20f. (IN PART 1(a)	Kull.	PERFORMED? YES MO
rise to statin last. PART 200. PRIMUCAUSI 200. 4:	immediating the under	which gove e cause (a), rlying couse DUE GNIFICANT CONDITIONS OF COURSE WAS NITRIBUTING USE WAS NITRIBUTING USE WAS NITRIBUTING USE WAS NITRIBUTING 1919.	(c) Ple/19 CONTRIBUTING TO 20b. DESCR Fe 3 66 white	cbare/Co	TO THE TERMINAL DISEASE ED. (Enter nature af injury irs at his PLACE OF INJURY (Home, foctory, street, office bldg, Home	CONDITION GIVEN y in Port I or Port I home form, 201. (etc.) Chev	IN PART 1(a) of item 18.) City or town)	Kull.	PERFORMED? YES MO
rise ft statin lost	immediating the under	which gove e cause (a), rhying couse Countries of the cou	(c) Ple/19 CONTRIBUTING TO 20b. DESCR Fe 3 66 white	Cherel Co	TO THE TERMINAL DISEASE ED. (Enter nature of injury irs at his PLACE OF INJURY (Home, foctory, street, office bidg, Home held on Autopsy	CONDITION GIVEN y in Port I or Port I home form, 20f. (etc.) Chev inspection	IN PART 1(a) of item 18.) City or town)	(Caunt	PERFORMED? YES MO (State)
rise to stotin lost. PART PART PART 200. PRIM CAUSI 200. 4 :	EXTERNAL CA ARY TO OF COT TIME OF INJU- Hour con L certify eoth result	which gove e cause (a), rhying couse Countries of the cou	E TO (b) Cef E TO (c) Ple/10 CONTRIBUTING TO 20b. DESCR Fe] 20d. INJU While at wark E ge of the remo	Cherel Co	TO THE TERMINAL DISEASE ED. (Enter nature of injury irs at his PLACE OF INJURY (Home, foctory, street, office bldg, Home held on Autopsy provided , Homic	CONDITION GIVEN y in Port I or Port I home form, 201. (etc.) Chev inspection	IN PART 1(a) of item 18.) City or town) y Chas	(Caunt	PERFORMED? YES (State) NO (State) ntg Md ond in my opin
rise to statin last. PART 200. PRIMM CAUS 200. 4 : 21 del ACTU	EXTERNAL CA ARY TO OF COT TIME OF INJU- Hour con L certify eoth result	which gove e cause (a), rhying couse Countries of the cou	E TO (b) Cef E TO (c) Ple/10 CONTRIBUTING TO 20b. DESCR Fe] 20d. INJU While at wark E ge of the remo	Cherel Co	TO THE TERMINAL DISEASE ED. (Enter nature af injunction of the property of th	condition given y in Port I or Port I home form, 201. (etc.) Chev inspection cide [], Und	IN PART 1(a) of item 18.) City or town) y Chas Inquirement of	(Caunt Mo	PERFORMED? YES NO (State) The Md Ond in my opin 22 DATE SIGN
rise to statin last. PART 200. PRIMM PRI	immediating the under III. OTHER SIGNARY TO OT COVE OF DEATH. TIME OF INJUIT. Hour am 15 p.m. I certify eath result	which gove e cause (a), rhying couse (b). GNIFICANT CONDITIONS (c). USE WAS INTRIBUTING III. URY Month, Day, Year III. The state of the condition of the co	E TO (b) Cef E TO (c) Ple/10 CONTRIBUTING TO 20b. DESCR Fe] 20d. INJU While at wark E ge of the remo	Cherel Co	TO THE TERMINAL DISEASE ED. (Enter nature af injunction of the property of th	CONDITION GIVEN To Port I or Port I Thome form, 201. (Cheven Inspection cide [], Und OCAL EXAMINER [IN PART 1(a) of item 18.) City or town) y Chas Inquestermined m	(Caunt	PERFORMED? YES NO (State) The Md Ond in my opin 22 DATE SIGN
rise the statin last. PART 200. PRIM. CAUSI 201. ACTU SIGN EXAM	EXTERNAL CA ARY TO OF COPE OF DEATH. TIME OF INJU- Hour dra I certify eoth result	which gove e cause (a), rhying couse (b), rhying couse of the couse of	(c) Pleft CONTRIBUTING TO 20b. DESCR Fe 3 20d. INJU White ge of the remo ol couses [],	C bare Co	TO THE TERMINAL DISEASE ED. (Enter nature af injunging at his place of INJURY (Home, foctory, street, office bldg, Homic CHIEF MED M.D. ASSISTANT DEPUTY MI Address (S	CONDITION GIVEN Thome form, 20f. (Chevel) Inspection Cide J. Undidected Examiner MEDICAL EXAMINER EDICAL EXAMINER Street, city, town, or	IN PART 1(a) Of item 18.) City or town) Y Chas Inquire letermined in county)	(Caunt Mo uiry X, nonner)	PERFORMED? YES NO (State) The Md Ond in my opin 22 DATE SIGN
rise for statini last. PART 200. PRIM. CAUSI 201. 4 : 21 de ACTU SIGN EXAN NAM 230. BURI	EXTERNAL CAARY TO OF COTE OF DEATH. L Certify eoth result AL ATURE L (Type) AL, CREMATIC	which gove e cause (a), rlying couse of the	(c) Ple/19 CONTRIBUTING TO 20b. DESCR Fe 3 20d. INJU 66 of wark E ge of the remo of couses	C b < r c C o	TO THE TERMINAL DISEASE ED. (Enter nature af injury irs at his PLACE OF INJURY (Home, foctory, street, office bldg, Home held on Autopsy process wicide , Homic CHIEF MED M.D. ASSISTANT DEPUTY MI Address (S OR CREMATORY	CONDITION GIVEN TO PORT I OF PORT I TO ME TO THE VICTOR OF THE VICTOR	IN PART 1(a) I of item 18.) City ar town) The County of Tool (City or Tool) Tion (City or Tool)	(Caunt Mo uiry X, nonner)	PERFORMED? YES NO (State) The Md Ond in my opin 22 DATE SIGN
rise to statin last. PART 200. PRIMMCAUSI 200. 4: 21 de ACTU SIGN EXAM NAMM 230. BURIR REMM	EXTERNAL CA ARY TO OF CO? EXTERNAL CA ARY TO OF CO? FOR EATH. TIME OF INJU- Hour cm L certify eoth result AL ATURE AL ATURE AL ATURE AL	which gove e cause (a), rlying couse of the	(c) Ple/19 CONTRIBUTING TO 20b. DESCR Fe 3 20d. INJU 66 of wark E ge of the remo of couses	C b < r c C o	TO THE TERMINAL DISEASE ED. (Enter nature af injunging at his place of INJURY (Home, foctory, street, office bldg, Homic CHIEF MED M.D. ASSISTANT DEPUTY MI Address (S	CONDITION GIVEN TO PORT I OF PORT I TO ME TO THE VICTOR OF THE VICTOR	IN PART 1(a) I of item 18.) City ar town) The County of Tool (City or Tool) Tion (City or Tool)	(Caunt Mo uiry X, nonner)	PERFORMED? YES NO (State) The Md ond in my opin 22. DATE SIGN



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11634 funeral y and er de 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY g. STATE b. COUNTY Montgomery Florida MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Bethesda (rural) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest town) 28 days Miami d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 60 Northwest 196th St. U. S. Naval Hospital YES NO X dr ban 3. NAME OF Middle 4 DATE Year DECEASED Russell REILLY 1966 (Type or print) Charles August 17 DEATH in any ever 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Haurs Male WIDOWED DIVORCED Dec. 9, 1903 Cauc. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician c during most of working life, even if retired) COUNTRY? INDUSTRY New Hampton. Iowa USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles E. Reilly Pearl V. Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Fla. 15. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, no. or unknown) (If yes give war or dates of service) Miami Mrs. Eleanor Reilly, 60 N.W. 196th St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Webut Huterio scloubtic IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the prior tak TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) Esuphagus YES -NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Nat While at wark factory, street, affice bldg., etc.) at wark 21. 1 certify that (this hospital) attended the deceased from July 20, 19 66, to August 1,719 66 that (\$\pi\$ (we) last sow the deceased olive on August 17 19 66, and that death occurred at 545A M, from causes and an the date stated above. director, page 3 shauld shauld be filed with the 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. Aug. 17, 1966 M.D. PHYSICIAN'S 22d. ADDRESS J. T. Mullen, M. D. U. S. Naval Hospital, Bethesda, Md. IAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (County) (State) REMOVAL (Specify) 8/22/66 Arlington National Cemetery Arlington, Va.

2Sg. REC'D BY REGISTRAR

DATE

AUG

25b. REGISTRAR'S SIGNATURE

Marila

966

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR Nalley's Funeral Homeodress

3200 Rhode Island Ave., Mt. Ranier, Md.

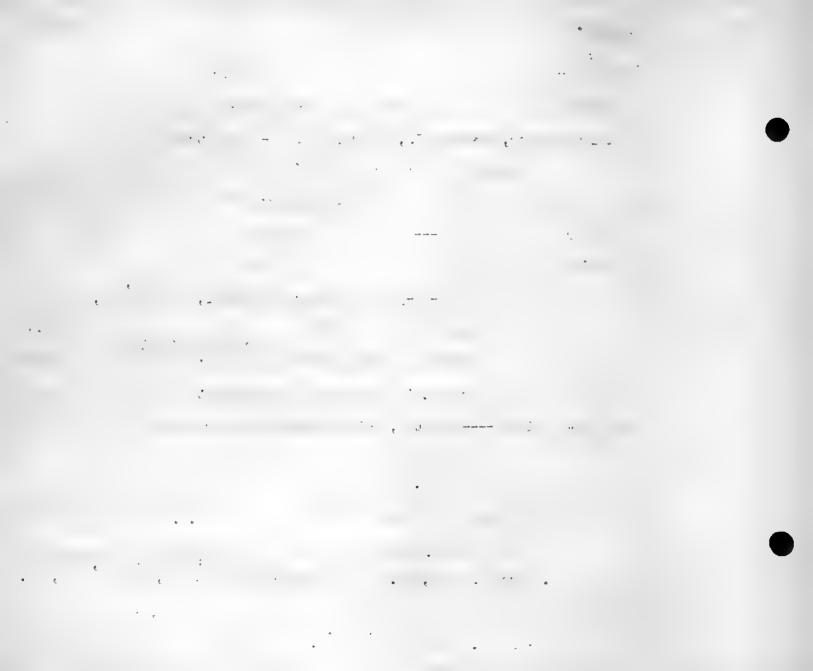
law requires that the death certificate be executed within 24 hours after death

*	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11635 CERTIFICATE OF DEATH
	death.	TION DEATH
	funeral and 2 and 2 death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) 3. STATE b. COUNTY b. COUNTY
	after the ges 1 after	I W W W W W W W W W W W W W W W W W W W
	by the Pages urs afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
	hours d in by rs. Pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE
	filled in 72 hor rin 72 hor	ON A FARM?
	executed within 24 hours after in and completely filled in by the remove carbon papers. Pages 1 in any event, within 72 hours after in any event.	3. NAME DE SEISTEL MINIS ROAD. YES NO A
	completely we carbon event, with	DECEASED
	Somp sevenited	(Type or print) Laura B. Keysbaw DEATH Hugust 7 19 66 5. SEX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In yours I FUNDER 14 HRS
	executed and com remove c n any ever	tast birthday) Months Days Hours Min.
	exe in an	MOBILE WINDOWED DIVORCED 4/84 82 yrs. Substitution of the state of foreign country 12. CITIZEN OF WHAT
	be asset	during most of working life, even if retired) INDUSTRY
	physician in please reval, and in	13. FATHER'S NAME LAST HOME LIST HOME
	至 300000	Louie VanBogen Ray Ella Budystor Treynor
	the state of the con-	
	death death a strong permit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes pive war or dates of service) No None 1805 Address Laurea Q. Renshaw Silver Spring Md
	9 9 9 9	Sister of the state of the stat
	itending that the deat itending physician. has been signed by the at as the burial-transit perm prior to burial, cremation.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Florence Region Necroses Amall Burel IMMEDIATE CAUSE (a) Florence Region Necroses Amall Burel ONSET AND DEATH 20 Mars
	attending physician. has been signed by it as the burial-trans. h prior to burial, creation to burial, c	4-22 DUE TO
	phy sig suri buri	[Conditions, If any, which] (b) Surpayeer Mesentage anterio manylecular
	ding ding been the lart to lart	gave rise to immediate cause (a), stating the DUE TO
	w rate as bas the strior	underlying cause last.) (c) Copie Witherosclaposes
	The law required or attending cate has been ruse as the bealth prior to the realth prior to the real	PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	- O - W	Unteroscleration Cardinascular Disease YES NO [
	PHYSICIAN: The law the hospital or attenthis certificate has detached for use as the Dept. of Health price.	PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	是是 \$ \$ \$ \$ \$ \$	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	क्षेत्र हे विश्व	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street) office bldg., etc.) While Not While at work
	retained by CTOR: After Should be with the Staf	21. I certify that (I) (this hospital) attended the deceased from 1963, to the 1964, that (I) (we) last
	CTOR: A should with the S	saw the deceased alive on 1966, and that death occurred at 34 M, from the causes and on the date stated above.
	DR A be re a sign of win	228. SIGNATURE 220. DATE SIGNED
	may b may b tal ol page oe filec	22c. PHYSICIAN'S
	F4 F0 F	1 22c. PHYSICIAN'S NAME (TYPE) BERNARD A. FITZGERALD 22d. ADDRESS SILVER SPRING MA
	Page Page O FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	古る古典	Burial Hug. 10, 1966 Congressional Cometers Mashinston D. C.
	#	24. FUNERAL DIRECTOR JULIAN Shames ADDRESS Georgia Aug 25a. REGIO BY REGISTRAR'S SIGNATURE
	VR A15 (4) 20M 1/65	Barner E. Pumphrey, Inc. Silver Spring, Md pare AUG 11 1966 floorles Judge
	., .,	•==

BS911 Montgamery Min-Viland Martingano 5/181 JAINS The Silver Spring Mid Holy Cores Hospital 1815 TUNIS Road Laured B Kenshaw Hugart 7 66 Temele white x 4/11/84 82 Contract State of 1 Cake 4.2 ... Annual Varificial Sp. 1997 (All September 2019) The state of the second st THE PARTY OF THE P The the the the language and and the land the same that the same than th The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 631 CERTIFICATE OF DEATH 11637 requires that the death certificate be executed within 24 hours after death. and filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY onlagnery MARYLAND colgoner c. LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) daus e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS If not in haspital give street address) NO 🖂 YES 3. NAME OF please remave carbon I and in any event, with Year signed by the attending physician and completely burial-transit permit. Then please regiave carbon George DECEASED OF DEATH (Type or print) 19 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE fin years **1E UNDER 24 HRS** 7. MARRIED **NEVER MARRIED** last birthday) Months Days Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Gout. during most of working life, even if retired) Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gertrude Gant eorge (WAS DECEASED EVER IN D.S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17 INFORMANT Address Easley St. (Yes, no., or unknown) (If yes give war ar dates of service) 219-05-6868 Mrs. Lois M. Richardson 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH Uremia IMMEDIATE CAUSE (o) DUE TO Chronic pyelonephritis Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse as the priar tal IO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health p NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 1B.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour o.m. * factory, street, office bldg., etc.) Not While at wark at work 2). I certify that (1) (this hospital) attended the deceased from January 1966. 10/8 Hereist . 19 66, that (1) (we) last Page 4 may be retained 17 Hugus 1966, and that death occurred at 3 43 AM, from causes and on the date stated above saw the deceased glive on_ 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS directar, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Ira N. Jublin 800 Pershing Dr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE THEREOF (County) (Stote) Burnal (Specify) 20. Parklawn Cemetery Rockville. Md. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 REC'D, BY_REGISTRAR 20 M 1/66



1 6	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
	11638 CERTIFICATE OF DEATH	11639			
24 hours after death. filled in by the funeral sapers. Palles I and an 72 hours after death.	PLACE OF DEATH COUNTY COUNTY COUNTY COUNTY COUNTY				
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houri d in 75.	JILUER Spring Md. 2 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE			
	-Holy Cross Hospital 9311 WORTH AUE	ON A FARM? YES NO X			
within 20 mpletely fill carbon payent, within	3. NAME OF First Middle Last 4. DATE Month DF	Day Year			
comple ve cart	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IFU				
Ta Tama	// WIDOWED DIVORCED 7/14/04 / 2	UNDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.			
ian din	Data USUAL DUCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, eyes & refired) INDUSTRY	12. CITIZEN OF WHAT COUNTRY?			
eath certificate beartending physician rmit. Then please in, or removal, and in	13. FATHER'S NAME Laundry Egot. Kensington, Maryland	u. S. A.			
The law requires that the death certificate or attending physician. Sate has been signed by the attending physic use as the burial-transit permit. Then plessalth prior to burial, cremation, or removal, as well that the state of the same of the sa	Harry Sansburg Ridgely Blanche E. Repp				
ttend mit.	15. WAS DECEASED EVER IN V.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, or unknown) [(If yes nive war or dates of service)]	Ana			
death of the atten	None 21/-32-1034 Hazel J. Ridgely Silver Spr	ing Md			
fres that the deal physician. I signed by the abuilal-transit perr burial, cremation,	18. CAUSE DF DEATH (Entor only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac tamponade with hemopericardium	ONSET AND DEATH			
that Sicial	The Due to				
phys physical purity purity	Conditions, if any, which gave rise to immediate (b) ruptured myocardial infarction				
nding ding the the	cause (a), stating the DUE TO				
attendi has by h prior		T1(a) 19. WAS AUTOPSY PERFORMED?			
N: The late tall or attricate here use freath programme.	I CAT	YES NO			
Con	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PAR 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Ite or contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	m 18.)			
PHYSI tile ho this defact te Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm., 20f. (City or town) Hour e.m. While P.m. 19 at work At wo	(County) (State)			
R ATTENDING PH e retaine By the RECTOR: After the 3 should be de with the State I					
DOR: Pating	21. I certify that (i) (this hospital) attended the deceased from 3 1926, to 4 2 2, saw the deceased alive on 1922, and that death occurred at 1928 M, from the causes and	19.56, that (I) (we) last			
R AT RECT 3 S 3 S With	22a. SICNATURE	2b. DATE SIGNED			
AL ON Dage bage filled	M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	Lug. 2, 1966			
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	NAME (Type) Gene U. Cohen 1106 Spring Street, S. S.	. Md.			
Page Page FUI direc	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	or county) (State)			
F # "	Burial Hug. 6. 1966 Glenwood (emetery Washington. 1)	C. STRAR'S SICNATURE			
VR AI5 (4)	John B. Thomas Jour Astrona 6434 georgia 100	INDIE 2 JUNIORE			
20M 1/65	Warner E. Pumphrey, Inc. Silver Spring, Majare AUG \$ 1956	Charles lus			

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11633 11639 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, finish tution, Residence before admission) b. COUNTY Montgomery o COUNTY o. STATE 5 Maryland Montgomery after death. MARY, AND Deport ment b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c CTY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) and Silver Spring Silver Spring DOA d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS B IS RESIDENCE ON A FARM? OURS 10800 Georgia Ave. Holy Cross Hospital No haurs after death Office along with 3 NAME OF Middle 4 DATE Lost Month The St Doy Year withm 72 DECEASED Edward Emmet a Robbins August 19 (Type or print) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR FUNDER 24 HRS 7 MARRIED NEVER MARRIED lost-bythdoy) Hours 3/25/11 White Male WIDOWED DIVORCED event puo 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY, Olympia, Washington U.S. Army communications .⊑ ||xaminer's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME \subseteq be executed with NHOL Bertha Ernst Robbins. and Wife. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) [(If yes give war or dotes of service) or removal, Mary Robbins 10800 Ga. Ave. S.S. Md. Yes 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN PART . DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (b) This certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse burial, c lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nivry in Port or Port I of Item 18.) ogent, prior shauld CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Doy, Year (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Nat While of work designated 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection D Inquiry > and in my opinian 10 death resulted from: Natural causes e funerol director. Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICA, EXAMINER may be re FUNERAL (SIGNATURE _ TO DEPUTY 5 may be ro FUNERAL Health or i NAME (Type) 230 BURIAL, CREMAT ON, 23b. DATE THEREOF (Stote) (County) 24 FLINERAL DIRECTOR 25- BECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME IS 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DE funeral Where deceased lived. It Institution: Residence before admission) PLACE OF DEATH a. COUNTY e. STATE b. COUNTY MONTGOMERY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours hours davs WASHINGTON. D.C. filled in TAKOMA PARK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SANITARIUM & HOSPITAL 3901 CONNECTICUT YES . NO X etely NAME OF DATE Month First Middle Lest 4. DECEASED comple ve car (Type or print) DEATH 966 and con AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Days any WIDOWED / DIVORCED [FEMALE 189] nding physician a .≘ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) INDUSTRY COUNTRY? West Chem. Co. U.S. Retired -- Manager England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ABRAHAM ROBERTS REBECCA SHOFNOS been signed by the attendi the burial-transit permit. The burial, cremation, or re-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Brother Address death (Yes, no, or unkewn) | (If yes give war or dates of service) JACK ROBERTS-3901 Conn. Ave.. 096-07-2447 no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating 5 underlying cause last, has as prio CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. r this certificate h detached for use te Dept. of Health I PERFORMED? NO YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED, (Enter hature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work) FUNERAL DIRECTOR: At director, page 3 should I should be filed with the S be retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 14. 25M, from the causes and on the date stated above. saw the deceased alive on W 22a. SIGNATURE 22h. DATE SIGNED MED. DIRECTOR director, page should be filed ATTENDING M.D. 4 may 22d. ADDRESS PHYSICIAN/S NAME (Type JOSEPH Wisconsin Ave.. Page / 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) Burial (Specify) 2 8-5-66 Shalom Talmud Torlah Gem. Wash., D.C. 24. FUNERAL DIRECTOR 166 Danzansky & Sons VR A15 (4) .W. Wash. DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF 11641 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission · fourty comer, County o STATE y na b. COUNTY Page Hunt, O. . ry MARVIAND Department b CITY OR TOWN (if outside corporate limits. c LENGTH DE STAY IN .h c (ITY DR TDWN (If outside carparate limits, write RURA, and give nearest town) write RURA, ond give necrest town) DLIVET O TIME d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? 10,000 1 TOOG Drave array cross to sical or pirer pring YES NO K to hours after death NAME OF Mida e 4 DATE First Lost Month Day Year DECEASED Uliliora au just riu. . C.L. Acbert on (Type or print) DEATH 19 OU with SEX 9 AGE (In years 6 COLOR OR RACE 7 MARRIED IF JNDER 1 YEAR FUNDER 24 HRS NEVER MARRIED DATE OF BIRTH lost birthdoy) 3 m. Te C UC. WiDOWED DIVORCED and 2 event TDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Washington, 1,020 na. 13. FATHER S NAME BERTSON WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 516. 50 MED 16 SOCIAL SECURITY NO be executed or remayal. (Yes, no, or unknown) {(If yes give wor or dates of service 10303 /1AYWOUD DX 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) burial-transit ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) shauld crematian, DUE TO 5MIN Conditions, if any, which gove rise to ammed ate cause (a). DUE TO This certificate stating the underlying couse used as burial, 80 19 WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) NO 2Do. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of nigry in Port or Port II of Item 18) designated agent, prior P PRIMARY Law CONTRIBUTING CAUSE OF DEATH Jumps dem Neighburs Pocker with clother in 20c TIME OF INJURY Month Doy, Year 2De PLACE OF NJURY (Home form. (City or town) (County) (Stote) Hour am. foctory, street, office bidg , etc.) FUNERAL DIRECTOR: Page of work 21 | certify that I took charge of the remains described above, held an Autapsy Inspection X. ь Inquiry X and in my opinian Accident X death resulted fram Natural causes Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** may leath o Address (Street, city, fown, or county) 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION DATE THEREOF 23d LOCAT ON (City of Town) (County) (Stote) 50 E ATE OF ITENSVEN JERING. VR ATSME (5) 6M 1766

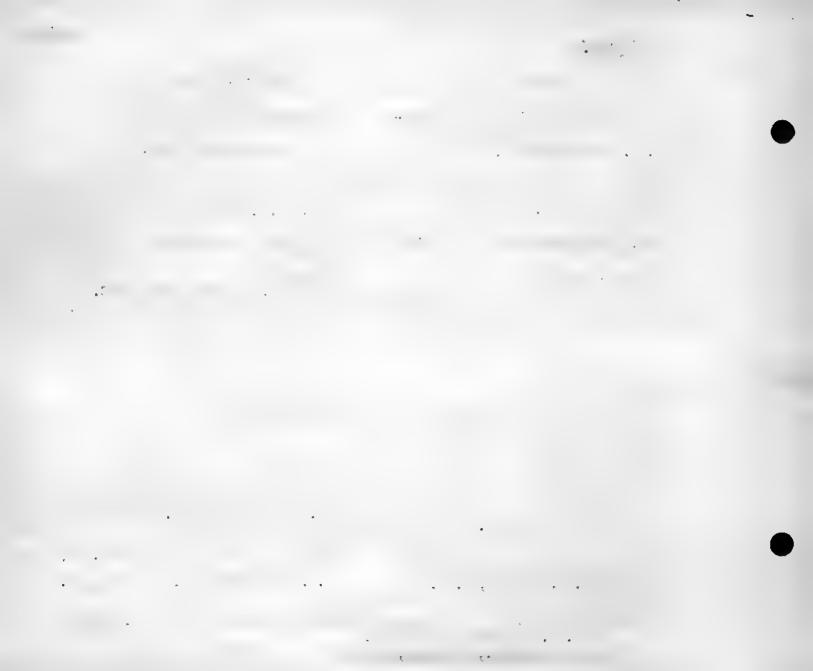


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1163611642 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odm ssion physicion and completely filled in by the funeral en please remave corban papers Pages 1 and Montgomery h COUNTY Washington, D. C. MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Wheaton ELENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) mo. d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 4000 Mass. Ave. . NW. Wash.. University Nursing Home CES [NO IX NAME OF Lames PETET DATE Month Year DECEASED (-last)Rohrhach James Peter Rohrbach (Type or print) 1966 DEATH SEX IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years Months last birthaay) Days Hours any White X 29/1897 Male WIDOWED DIVORCED 1Ga USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Treasurer COUNTRY? INDUSTRY New York City, N. Y USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol, the ottending phy sit permit. Then William Rohrbach Mary Foley 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) yes WWI Army 18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY: signed by 1 IMMEDIATE CAUSE (o) DHE TO Endoursular Prisal Canditions, if any, which gave use to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? detached for use te Dept. of Health LOSILAR NO YES 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While at work ot work 21 | certify that (1) (this hospital) attended the deceased fram Jon. , 19 Lob , to Aug. _. 1966 that (1) (we) last Poge 4 moy be retained phone 19 66, and that death accurred at 2:00 PM, from causes and an the date stated above saw the deceased alive an Fuy 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIÁN'S 1903 Wooday Way. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d. LQCATION (City or Town) (State) BURIAL (Specify) mt. Clinit 2Sb. -REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11643 The law requires that the death certificate be executed within 24 haurs after death ve carban papers. Poges I and event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physician and campletely filled in by the funeral a. COUNTY a. STATE b COUNTY ONTGOME MARYLAND b CITY OR TOWN (If outside comparate c. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest tawn) write RURAL and give nearest town AKOM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO 🗁 3 NAME OF FIEST Year DECEASED CECELIA ONCHI (Type or print) 5 SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE NEVER MARRIED last birthday) Dovs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) COUNTRY? during most of working life, even it, retired) INDUSTRY 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME NTON JOSEPH IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give wor or dotes at service burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN burnal-transit PART I, DEATH WAS CAUSED BY **QNSET AND DEATH** IMMEDIATE CAUSE (a) signed by be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a) DUE TO stoting the underlying couse Page 4 may be retained by the naspirar or uncommy O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) PERFORMED? NO M 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work at work 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Jenuary 1964 to 8-26 1966, and that death accurred at 11.50 ft M, fram causes and an the date stated above saw the deceased alive an $\chi - 26$ 22b. DATE SIGNED 22o. SIGNATURE 5 M.D. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S LSON NAME (Type) director, shauld b 23g BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Ft Lincoln Cemetery Colmar Manor. 1966 Pro Geo Md. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1966 VR A15 (4) Gasch's Hyattsville, Md. DATE 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11639 11645 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 havrs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1 PLACE OF DEATH o COUNTY Maryland-Montgomery County MARYLAND Montgomery c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 CTY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Silver Spring. Wheaton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE by the attending hysician and completely filled in ransit permet then please remove carban papers ve carban papers event, within 72 h ON A FARM? 1202 Lebanon Street YES NO 3 University Nursing Home 3 NAME OF 4 DATE Middle LOST Manth Day Year DECEASED OF DEATH Rothkin August 28 no middle name 19 56 Benjamin (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last pirthday) Manths Days Haurs and in any White WIDOWED DIVORCED Male 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? **INDUSTRY** Russia Owned laundry Laundry 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie Bernstein Max Rochkind 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknawn) (If yes give war or dotes of service) 220-07-2077 Mrs. Anna Rothkin Same as crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY burial-transit purial, cremati ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO signed l Conditions if any, which gave nse ta immediate cause (a), DUE TO stating the underlying couse as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) NO Z this certificate jo 20g ACCIDENT WAS UNDERLYING IT 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day Year Hour o.m. factory, street, affice bldg , etc.) Nat While at work O FUNERAL DIRECTOR: After 19 6, 6, to X CX, 1966, that (1) (we) last 21 | certify that (1) (this hospital) attended the deceased fram_ (e. 1966), and that death occurred at 5/3 r M, fram causes and on the date stated above. sow the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS director, page shaufd be filed 22d. ADDRESS 22c. PHYSICIAN'S Morton Altschuler NAME (Type) Dr. 9205 Ner Hampshire Ave., Silver Spring 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Hyattsville. Md. Burial 1966 Geo. Wash. Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Munice 1966 DATE



8	1	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- Jon	- 1 4		11646 CERTIFICATE OF DEATH 11641
P	funerat funerat land lerideor		DECEMBER 1. DESCRIPTION OF COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY
	y the fur Pages I urs after	ŀ	b CITY OR TOWN (If outside corporate/limits.) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give/nearest town)
	in 24 haurs filled in by papers. Pr thin 72 haur	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d. STREET ADDRESS ON A FARM? YES NO
	within tely fille bon po within	-	NAME OF Lost 4 DATE Month Doy Year
	physicion. signed by the ottending physicion and completely filled in by the buriol-transit permit. Then please remove carbon papers. Pagburiol, cremation, or removol, and in any event, within 72 hours		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 14 Hrs. WIDOWED DIVORCED / O - / 44 - O 6 WIDOWED DIVORCED / O - / 44 - O 6 WIDOWED DIVORCED / O - / 44 - O 6 WIDOWED O O O O O O O O O O O O O O O O O O
	e be ex on ond ose ren ndinon		On USLAL OCCUPATION (Give kind of work done IND KIND OF BUSINESS OR III BIRTHPLACE (Country & Stote, or loceign country) 12. CITIZEN OF WHAT COUNTRY INDUSTRY
	physical physical place		3. FATHERS NAME 44. MOZHER'S MAIDEN NAME 14. MOZHER'S MAIDEN NAME 14. MOZHER'S MAIDEN NAME 14. MOZHER'S MAIDEN NAME
	death c		S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, opunknown) (If yes give wor or dotes of service) 577-20-4351
	the of	F	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Bronchogenic carcinoma. Reft lower lobe, with
	equires tho physicion. signed by buriol-tran buriol, crer		1621 DUE TO
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funerat director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 fand 2 should be distant the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs after death.		Conditions, if ony, which gove is to immediate couse (a), storting the underlying couse lost.
	trend trend os be os 1 prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
	N: TH or o or o or o or e or or o	7	Emphysema and chronic bronchitis
	YSICIA lospitol certific thed fo		200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
	NG PH y the h ier this e detaction		pm. Of work — of work —
	ENDI ned b R: Aff uld b uld b		21. I certify that (I) (this haspital) attended the deceased fram
	OR ATT e retoir IRECTO 7 3 sho d with		220 SIGNATURE, STAFF 226. DATE SIGNED MED DIRECTOR PHYS. 226. DATE SIGNED 31, 1966
	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	1	22c. PHYSICIAN'S NAME (Type) Delwitt E. Delawter 3848 Porter Struwarth D.C.
	O HOS Page 4 O FUN directc		30. BURIAL (REMATION, REMOVAL (Specify) Burial 3 Sept. 66 National Memorial Park 3 Sept. 66 National Memorial Park Falls Church, Virginia
	VR A15 (4)		Burial 3 Sept. 66 National Memorial Park Falls Church, Virginia 24 Junera, Director Funeral Home Address 250. Recisirars Signature 3901 N. Fairfax Dr. Arlington, Va Date EP 2 1966 June Park 250. Recisirars Signature 3901 N. Fairfax Dr. Arlington, Va Date EP 2 1966 June Park 250. Recisirars Signature 3901 N. Fairfax Dr. Arlington, Va Date EP 2 1966 June Park 1966 June Pa
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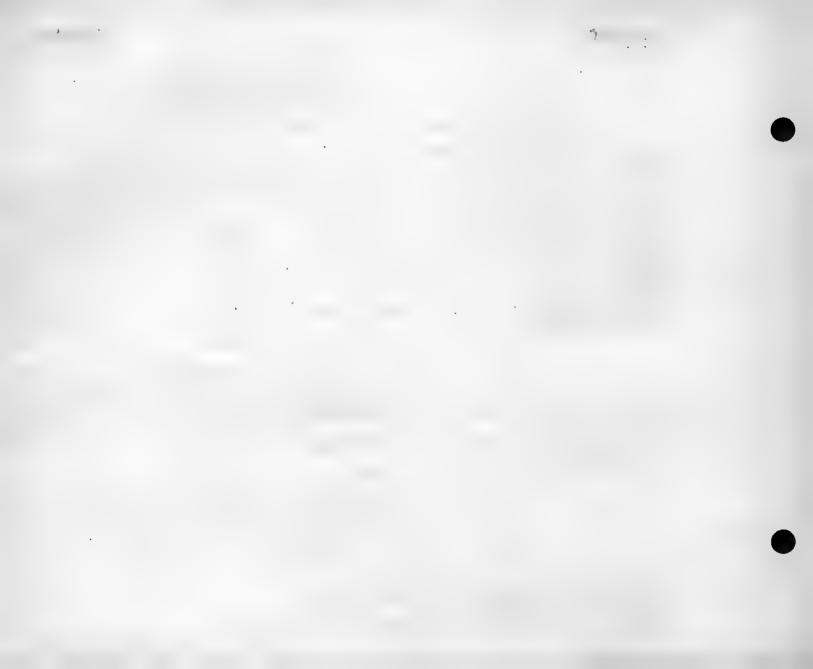
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11642MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY er-xleo?th MARYLAND ITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 15 c CITY DR TOWN (If outside carporate mits, write RURAM and give pearest tow puo and give negrest tay nrinc d NAME OF HOSPITAL OR INSTITUTE ON (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? 72 hours ofe NO Z 24 hours ofter death Office atong with NAME OF DATE M-ddle DECEASED OF DEATH (Type or print) SSEX 9 AGE (In years YFAR FILINDER 24 HRS event with 6 COLOR OR RA 7 MARRIED NEVER MARRIED IF UNDER lost berthdoy) Months Days Haurs WIDOWED DIVORCED White Male 10a USUAL OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during roost of working life, even if retired 00 Medical Examiner's 100191 13. FATHER'S NAME pencil <u>_</u> be executed with: Unknown File 17 INFORMANT IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECUR TY NO removol, (Yes, no ar unknown) (If yes give war or dates of service) Mabel E. Salver lles 18 CAUSE OF DEATH (Enter only one couse per ne tor (a), (b), and (c).) INTERVAL BETWEEN Chief buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 IMMEDIATE CAUSE (o) This certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a) forwarded to DUE TO stoting the underlying couse 0 last 80 buriol, WAS ALTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING JO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) **pe** should be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 18) ogent, prior PRIMARY I or CONTRIBUTING **CAUSE OF DEATH** 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour o.m. Not While factory, street, office bldg., etc.) 19 its designated 21. I certify that I taak charge of the remains described above, held an Autopsy for Inspection X Inquiry X and in my openian Notural causes the funerol director. deoth resulted from: Suicide [Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 10 FUNERAL Health or i **EXAMINER'S** Reap. M.D Belden R. . Wheaton. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23d LOCATION (City or Town) BULLAGE (Specify) August 23. Parsons. Kansas 1966 250. RECD BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15ME (5) Michaeles Judge 6M 1/66 umorreu



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	ORE 1, MARYLAND
=	11020	11049
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, H 5. COUNTY 6. STATE 6. COUNTY	
_	b. CITY OR JOWN (if outs de corposite ismits, LENGTH OF STAY IN 1b c. CITY OR TOWN (if guyarde corporate limits, write	RURAL and give nearest (wm)
	write BORAL and give neared strong	
-	d NAME OF HOSPHAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
	Subueban 4530 40/h.sl	YES NO
10	IAME OF First Middle Last 4. DATE Month OF	
	(Type or print) ED1774 MARIE SCATES DEATH AUGUS: SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years	
1	FEMALE CAUCASIAN WIDOWED DIVORCED MARCH 26, 1881 85 yrs.	Months Days Hours Min.
	Oa. USJAL OCCUPATION (Give kind of work on the street of t	12. CITIZEN OF WHAT COUNTRY!
	Housewike Indiana	U.S.U.
13	3. FATHER'S NAME	10/5712
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMAND	ecceu _
Y	Yes, no, or unkown) (Ifyesgive war ordales of service) Son Charles deates	- above
	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CFREBRAL THROM DOSIS, @ MIDPLE CEREBRAL	ART. 3E HOURS
	DUE TO DUE TO	10 YEARS
	Conditions, if any, which gave rise to immediate cause DUE TO	10 12110
	(a), staling the underlying Durit Cause last (c)	yes. 44-
;	PART I OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	TEN N PART I[6] 19 WAS AUTOPSY PERFORMED?
	ARTERIOS CLEROTIC HEART DISTAST WITH ATRIAL FIBRILLAS 200 ACCIDENT WAS UNDERLYING 1 206 DESCR BE HOW INJURY OCCURED, LEnter nature of nigury in Port I or Part II of I or 18)	770A YES NO X
	OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
280	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20f. [City or town)	(County) (State)
	Hour e.m. While Not While factory, street, office bldg., etc.] p.m. 19 at work et work	
	21. I certify that (I) (this hospital) attended the deceased from 12/1/65, 19, to AKG-1.9.	
	saw the deceased alive on. A.U.G., 1.8	and on the date stated above. 226. DATE
	Frederick S. Caldwell. MD ATTENDING MED. STAFF DIRECTOR PHYS	8-19-66
	22c. PHYSICIAN'S 22d. ADDRESS	
	FRENERICK 3, CALDWELL, MD FENLEY BLOCKE	ILLE MARYLAND
1	38. BURIAL, CREMATION 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, for REMOVAL (Specify) 0.000 /46	
2,		_ l'aryland cisteans signature
	Arlington Funeral Home Arlington, Virginia	Minley Judge
	The state of the s	10'



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11649 11644 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death filled in by the funeral spapers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o STATE COUNTY C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (It posside corporate limits, write RURAL and give nearest town papers. Pagi d NAME OF HOSPITAL OR INSTITUTION not in hospital give street oddress d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO = carban NAME OF Middle DATE First Last Month Dov Year physician and campletely en please remove carbar DECEASED OF (Type or print) DEATH 19 6 4 AGE (In years last birthday) IF UNDER ! YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH NEVER MARRIED Manths Haurs Days any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) To corrent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal the attending phys 17 INFORMAN Address (Yes, no, or unknown) (If yes give war ar dates of service 5 500 20to REIB crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. EMMORHAGE IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gove PERTENSION nse to immediate cause (a), DUE TO stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES by the haspital ar 卓 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office bldg., etc.) nt work of work 21. I certify that (I) (this-hospital) attended the deceased from 8 1/3 . 19 66, that (I) (we) last . 1966 . to. 8-17 TO HOSPITAL OR ATTEND Page 4 may be retained 19 66 and that death accurred at 4:15 PM, from causes and on the date stated above. sow the deceased alive on 8 - 17 -22n. SIGNATURE 22b DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR PHYS 22d, ADDRESS 22c. PHYSICIAN S 1-LOWER director, shauld b 23d LOCATION (City or Town 23b DATE THEREON 23c NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, (County) EMOVAL (Specify) 2Sb. REGISTRAR S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FINERAL



101 (M	MARYLAND STATE DEPARTMENT OF HEALTH A C PRINCIPAL OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11645
HEALTH DEPT.	1. PLACE DE DEATH 6. COUNTY 7 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
ه نسید وای سسید _	Mont yourse of Maryland Maryland Maryland
is necessary, to the funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
eces e fu ma ma part er d	Baithers, burg Laurel.
y is no to the sage 5 age 5 after De its aft	Mill Creek School of ONTOUNDS Residence On a FARM, Poste 5 Boy 8 '2. On A FARM, YES \(\sum \text{NOTESS} \)
delay is page. Page State hours	3. NAME DF First Middle Last 4. DATE Month Day Year
PM3.	(Type or print) CITAITES TYDITIES TYDITIES TO 190
EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, a certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral hould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be lies. 38. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department signated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Hours Min. Solvent WIDOWED DIVORCED May 14, 1914 Solvent Solvent
er deal ive Par with with I and event	10e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY.
s afte	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
alla alla	Chaples Susyt MARTHAL, Scott
24 ho The Diffice	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
hin Zill in Zi	(Yes, no, or unknown) (If yes give war or dates of service) 2.32/14- 447
within 2 pencil in miner's 0 permit. I	18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), end (c).] PART I DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
uted " in Exal	IMMEDIATE GAUSE (a) Crosned Skort Proceedings
uid be executed "pending" in ef Medical Exan a burial-transit cremation, or	Conditions, if any, which DUE TO Tram Da. Trom - Mower - Machine
l be Med Med Med nuria	gave rise to immediate (
inet inet	underlying cause last. (c)
ate should be word the Chief sed as a burial,	
fical the the use to	YES NOW
certification ded to be prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY [A or CONTRIBUTING CAUSE OF DEATH. Was addgusting blades of Mower field caught or blades
R. This cate, write forward forward 3 should agent, p	
for to the same of	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. p.m. 19 While et work at work
the certificate to the certifica	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X and in my opinion
AL EX.	death resulted from: Natural causes, Accident X, Suicide, Homicide, Undetermined manner
DICAL brite th your irs de	ACTUAL SIGNATURE OTHER 9. BILL SIGNATURE (22. DATE SIGNED
TY MEDIC execute Page 4 d for you RAL DIRE th or its	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X 8/23/66
ERAI T	EXAMINER'S NAME (Type) Address (Street, city, town, or county)
O DEPUTY MEDICAL please execute th director. Page 4 s retained for your f of Puneral director of Health or its de	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
To de die die die die die die die die die	BREMOVAL (Specify) 8-28-26 Grasanville Com Grasanville Md. ADDRESS (1258. REC'D BY REGISTRAR'S SIGNATURE)
VR ALSME	James B. & Vanker & Eston, Md DATE AUG 31 1966 & Charley Judge
3500 4-64	purious is Namuel Casion, Me mile not st 1000 forthing frage



CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Whara dacassad lived, If institution: Rasidance befo b. CITY OR TOWN (if obig de corporate lue C. LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)-UILLE. . IS RESIDENCE ON A FARM? 3. NAME OF Middle Year DECEASED (Typa or print) DEATH 6. COLOR OF RAC AGE (In years | IF UNDER 1 YEAR NEVER MARRIED last birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if relirad) None 13. FATHER'S NAME (Yes, no, or unkown) (Ifyasg vewarordatasofsarvice) 18. CAUSE OF DEATH [Enter only one cause pageline for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, 'f any, which gava risa lo immadiala causa DUE TO (a), slating the underlying causa last, PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118/11 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, [Enter natura of mury in Part | or Part II of itam 18.] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Yaar 201. (City or town) (County) factory, streat, offica bldg., etc.) Whila Not Whila al work al work 21. 1 certify that (I) (this hospital) attended the deceased from..... (CC 19......, and that death occurred ay AM, from the causes and on the date stated above. 22b. DATE 22a, SIGNATUR MD. 23a, BURIAL, CREMATION, Gate of Heaven Cemetery Silver Spring Maryland Q H ADDRESS CREC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) מטלו ני Robert A. Pumphrey Bethesda, Maryland 15M 9/60 DATE

ND STATE DEPARTMENT OF HEALTH



Ttems 18-21 Film 382 10-27MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE 11652 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11647					
HEALTH DEPT. 1 Place of DEATH o COUNTY DEPT. 1 Place of DEATH o COUNTY DEPT. 1 Place of DEATH o COUNTY MARYLAND D STATM ARY AND b CITY OR TOWN (1 outside corporate limits, write RURAL and give nearly town) C C TY OR TOWN (If outside corporate limits, write RURAL and give nearly town)	toonery					
d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES \ NO \					
SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In year) 15 July 15 Jul	Doy Year 1 23 19 66 IDER I YEAR F _ NDER 24 HRS					
	2 CT ZEN OF WHAT CO NTRY? HMEN.					
THE WAS STEEDED FOR THE LONG TO THE SOURCE STREET THE THE STREET T	essell Airens					
Address Address The property of the property	INTERVAL BETWEEN ONSET AND DEATH					
stoting the underlying couse lost (c)	10 that 4 Topicy					
20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18) PRIMARY 20 or CONTR BUTING Deceased by media by exploding programe as a	THE PROPERTY NO TO THE PROPERTY NO THE P					
No. 元 年 5 1 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 1 20e PLACE OF NJURY (Home, form 20f (City or town)	(County) (Stote) Montg. rid.					
death resulted from Natural causes Accuten X, Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACCUTEN	20					
	(County) = (Stote) 1					
PERMOVAL (Specify) Chiquet 26-1918 Farthauon Fountery VR A15ME (5) VR	Party Co That RS SIGNATURE Carley Judge					



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 4 & FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) COUNTY b. CDUNTY Mary land Montgomery Montgomery MARYLAND cessary, b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) THRY write RURAL and give nearest town)
Rockville Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? 다 왕 State hours a 102 Dawson Ave. 102 Dawson Ave. ND 3 YES NAME BE First Middle Last Month Year 13 th DECEASED 19 66 ANDREW SHAW Aug. (Type or print) DEATH 2 with ive Pages 1, with form 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED TO Sast birthdey) Months | Days Hours White Male 18 Oct. 1910 WIDOWED DIVORCED event 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give during most of working life, even if retired) COUNTRY? INDUSTRY Scotland US \rightarrow Mechanic IIS Auto pages in any 13. FATHER'S NAME 14. MÖTHER'S MAIDEN NAME Robert G. Shaw Marion Shenkly File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. I 17. INFORMANT 913 Maple AVEL (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Robert S. Shaw- Rockville.Md. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN QNSET; AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) This certificate should be executed Zoronary Insufficency A oute-50 cremation, 1,5 5 OUE TO Cardio Vascular Disease Conditions, If eny, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. ed as burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? NO K 25 0 hronie. Icohol=15 m YES ह है 20s. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 3 should be agent, price MEDICAL TIME OF INJURY Month, Oay, Year 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20d. INJURY OCCURREO factory, street, office bldg., etc.) Hour a.m. While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection X, Inquiry and in my opinion should FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER YOUR Page **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED SIGNATURE for 07 DEPUTY MEDICAL EXAMINER X John G. please ex director. retained (EXAMINER'S Ball Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) BUILAI NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 8/19/66 \Box Arlington National Arlington, Va. REC'D BY REGISTRAR ! 25b. REGISTRAR'S SIGNATURE Home-1331 Rockville Pike 25a. R Funeral 1966 VR ALSME (5) Rockville.Md DATE 1/65

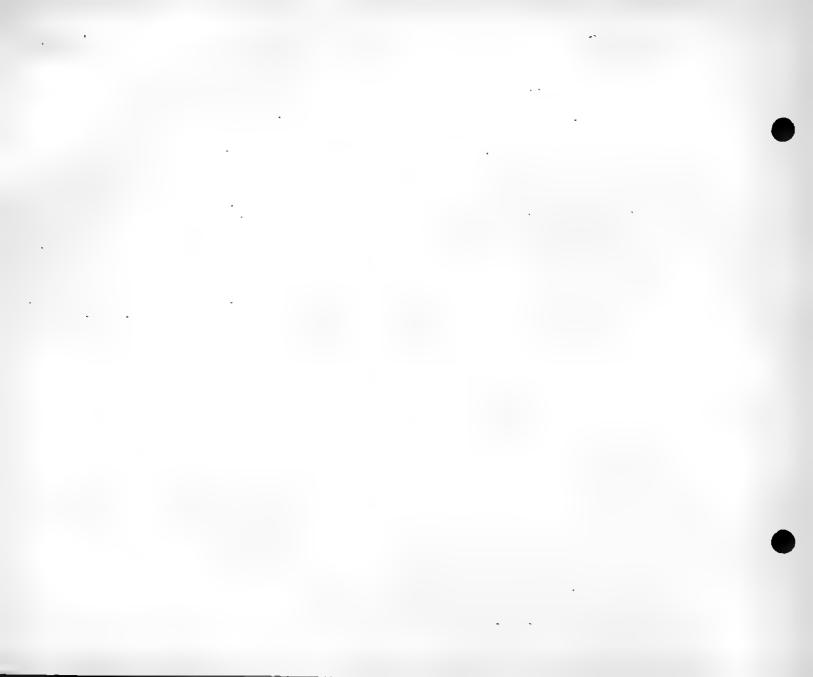


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
FOR STATE	11655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1165	50					
HEALTH DIPT.	PLACE OF DEATH O COUNTY MONTO MERCY MARYLANO MARYLANO MONTO MERCY MONTOWN (Foulside carparal primits, contended to the c	on)					
P.W.3.	b (ITY OR TOWN (f outside carparate limits, write RURAL odd give neorest town) write RURA, and give pearest town A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) C LENGTH OF STAY IN 16 C CITY OR TOWN (If outside carparate limits, write RURAL odd give neorest town) Substitute of the component of	DENCE					
ooth If am agges 1, 2, ith farm If State Dept 2 hours of	3 NAME OF First Middle Lost 4 DATE Month Doy Ye	NO.					
tom 18 Give Pages Office along with far and 2 with the State event within 72 hau	(Type or print) RATHLEEN Shultz DEATH 8-4-66 19	R 24 HRS Min					
1 24 haurs I in item 18 er's Office ges 1 and 2 v	100 LSJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100 KIND OF BUSINESS OR III BIRTHPLACE (State or foreign country) 110 KIND OF BUSINESS OR III BIRTHPLACE (State or foreign country) 111 BIRTHPLACE (State or foreign country) 112 Cit ZEN OF WHAT COUNTRY?						
ated within g in panel ical Examine. mit. Fil. pageval, and report	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Address						
MINER: This certificate shauld be executed within 24 haurs after death. If a the certificate, writing the ward "pending" in pending in them 18. Give Pages 1, a shauld be farwarded to the Chief Medical Examiner's Office along with farm it files. e. 3 should be used as burial-transit permit. File pages 1 and 2 with the State Degent, prior to burial, crematian, ar remaval, a direction within 72 haurs	18 CAUSE OF DEATH (Enter only one couse per lipe of (o), (b), ord (c), PART I DEATH WAS CAUSED BY. 9240 IMMEDIATE CAUSE (o) DUE TO DUE TO TO THE PART I DEATH WAS CAUSED BY. ONSET AND E						
verificate shauld writing the ward wardded to the Classed os a burial-truction, cremation,	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost (b) Size to Sufficient with the underlying couse (c) Crick believed.						
this certifications are forwarded on the used on the beneated on the beneated the terminal or the burial, and the terminal or the burial, and the terminal or the burial or the burial or the terminal or the	PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONCITION GIVEN IN PART 1(0) 19 WAS AUTO PERFORM YES YES	OPSY NO					
AMINER: This of the certificate, at the certificate, at thouse four files. The certificate and the factor of the certificate and the certificate	200 EXTERNAL CAUSE WAS PRIMARY X of CONTRIBUT NG CAUSE OF DEATH 201 DESCRIPT HOW INJURY OCCURRED (Emer popure of your in Port Yor Fort Hot tien 18) Hours of CAUSE OF DEATH	100					
AL EXAMINER: execute the certification. Page 4 shauld files. for your files. TOR: Page 3 should factor.	20c T ME OF INILIRY Month, Doy, Year ZOI INIURY COUNTRED 20e PLACE OF INIURY (Home, form,	(Stote)					
MEDICAL EX please execution director. Page retained for your profession of the profe	death resulted from Natural couses . Accident . Suicide . Hamicide . Undefermined manner .						
necessary, please execute the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health ar its designated age	SIGNATURE EXAMINER'S NAME (Type) BELDEN REPARAMER (Type) Address (Street, City, Town, for county)	6					
TO D TO FU	REMOVAL Specify A466, 1966 FTLINCOLN EM - Bladusturg VALOO J	itote)					
VR A15ME (5)	24 PRIEDR ORBITOR GROOM STATE ADDRESS DE 250 REC'D BY RECISTRAR (1260. REGISTRARS SIGNATURE DATE AUG 8 1966 3 Charles One	dez					



Items 18-21 Film 300 8-24MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE	11656 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11652				
PM3. Page PTH Period of February 12 PM3. Page Purithent of Period	b_CTY OR TOWN (If outside carporate imits, C LENGTH OF STAY IN 1b C CTY OR TOWN (If outside comporate I mits, write RURA odd	omery I				
orm PA	d NAME OF HOSP TAT OR INSTITUT ON (I) not in hospital, give street address) GC + Manafield Rd. GO 4 Manafield Re	e. IS RESIDENCE ON A FARM? YES NO Z				
> 00	3 NAME OF DECRASED (Type or pinot) Pariet Elizabeth Somma DEATH 5 SEX 6 COTOR OR RACE 7 MARRIED THE NEVER MARRIED 8 DATE OF BIRTH 1054 birthday) 1054 birthday) 1054 birthday) 1054 birthday) 1055 birthday) 1056 birthday) 1057 birthday	Day Year 1966 DER 1 YEAR IF UNDER 24 HR. hs Days Haurs Min				
\$ E		COUNTRY US.4				
"pending" in pending in pending in pending in pending in pending in pending permit file pagor removal, and in a	Scincel U Kelleri Caroline Fleshne 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) (If yes give was at dotes of service) 578 10.4345 WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	nsfield Rd.				
the certificate, writing the word "pending" in penshould be forworded to the Chief Medical Exomolifies. 3 should be used as a burial-transit permit file pent, prior to burial, crematian, or removal, and in	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERHAPH Intoxication The conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. Overdose of Alcohol and Barbiturates	INTERVAL BETWEEN ONSET AND DEATH 3 hr.				
certificate, writin ould be forword es. should be used a thor to bural,	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)	19 WAS A TOPSY PERFORMED? YES NO				
hould be les. should to prior t, prior		(County) (State)				
please execute the director. Page 4 sh etained for your fit DIRECTOR: Page 3 st designated agent	20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF IN.URY (Hame, farm, factory, street, office blag, etc.) 2:00 xpx; 8-7- 1966 at wark at wark 20 factory, street, office blag, etc.) 21 Certify that I took charge of the remains described abave, held an Autopsy (S. Inspection X), Inquiry (D. death resulted fram: Natural causes), Accident (X), Suicide (), Hamicide (), Undetermined manner	Montg. Md.				
necessory, please execute the certificate, the funeral director. Page 4 should be fit 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to	ACTUAL SIGNATURE SIGNATURE STAMINER'S NAME (Type) ACTUAL STANT MEDICAL EXAMINER 7936 Old Georgetown Rd DEPUTY MEDICAL EXAMINER X S/7 Address (Street, CHY, Town, or county)	22. DATE SIGNED				
the the Heal	23d BURIA, CREMATION, 23b DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 23d OCCATION (CITY OF TOWN) Bulling, (Specify) Aug. 11, 1966 Gate of Heaven Cemetery Silver Spring.	(County) (State) Maryland				
VR A15ME (5)	24 FUNERAL DIRECTOR Sohn B. homas Shafeshomas 8434 Georgia Ave 250 REC'D BY REGISTRAR 256. REGISTRAR Warner F. Pumphrey 2no. Silver Spring Md Date AUG 9 1966	s signature				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11653 CERTIFICATE OF DEATH 11658 requires that the death certificate be executed within 24 haurs after death papers. Pages 1 and pin 72 hours after deatl PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remays_carboq papers. Pages I and o. COUNTY **b.** COUNTY Montgomery Maryland Montgomerv MARYLAND b (ITY OR TOWN (If outside corporate mits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Aspen Hill - Rockville B Yrs. 10Mos. Aspen Hill d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 0 IS RESIDENCE ON A FARM? 4714 Kemper Street 4714 Kemper Street YES NO ST NAME OF Firs† Middle Last 4. DATE Month Doy Year DECEASED (Type or print) FAYE L. SIMPSON Aug. 19 66 DEATH IF UNDER TYEAR 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years THE UNDER 24 HRS 7 MARRIED **NEVER MARRIED** Jast birthady) Manths Hours July 4. 1923 WIDOWED DIVORCED burial, crematian, or removal, and in any Female White 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life leven if retired)
Housevile COUNTRY? INDUSTRY Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lester Lucas Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Husband Address signed by the attending burial-transit permit. Same as Item 2. (Yes, na, ar unknown) (If yes give war or dotes of service) Unknown William E.Simpson No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? NO X 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) Not While 19 at wark at wark 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 8-15-66 DIRECTOR M.D. ADDRESS 22d ADD 809 22c. PHYSICIAN S JONES, M.D. Veirs Mill Rd., Rockville, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b OATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL CREMATION, (County) (State) Bulla ISpecify) 8/17/1966 Parklawn Cemetery Rockville Mtg. Co. Md. 256 REGISTRAR'S SIGNATURE **AOORESS** 24. FUNERAL DIRECTOR AUGCO BY REGISTANS Robert A. Pumphrey Bethesda, Maryland Marlen 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
FOR STATE	11657 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11651							
HEALTH DEPT.	1. PLACE OF DEATH a. GOUNTY a. STATE b. CDUNTY a. STATE b. CDUNTY							
ary, be be	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
de de de	Write RURAL and give nearest town)							
Depi after	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS R. F. D. e. IS RESIDENCE DN A FARM?							
Page Page Late	7300 Lincien. Ave. Mysenvir/Henry - YES NO DE							
ry de 1, and M3. M3. the S 72 h	3. NAME OF DECEASED (Type or print) Ray Vew Yon. Sins. Dest A. DATE Month Day Year OF DEATH AUG. 8, 1966							
oth. If ar form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
ages ages of for	M. WIDOWED X DIVORCED NOV. 24, 1884 8 yrs. Wonths Days, Hours Min.							
with with	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) (COUNTRY)							
n 18. G along pages in any	Painter-decorator Retired Michael Wish. 21.5.A.							
4 hour ltem 1 office a strice and in	Sims Esther Schafer.							
s Office al, as al,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as Item: NO NO 17. INFORMANT Address Same as Item:							
within pencil in miner's permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1							
in print pri	PART 1. DEATH WAS CAUSED BY: COTOD OF 4 In 50 ff 1 cency Acote - Sustand Death							
"pending" in "pending" in Medical Exam st Medical Exam st burial-transit of cremation, or or	Conditions Home which I DIE TO CONTROL VASCUAR DISCONSE 46315							
d be "pen Med buria rem?	gave rise to immediate cause (a), stating the DUE TO							
thoul ford Chief as a fal, (underlying cause fast. (c)							
ficate sho the wor the Chi used as to burial	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.							
artification of to	2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURREO. (Enter nature of injury in Part I or Part II of Item 18.)							
R: This certificate, writing forwarded to 3 should be agent, prior i								
XAMINER: This certificate should be executed within 24 hours after death. If any del certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and build be forwarded to the Chief Medical Examiner's Office along with form PM3. es. 1. Page 3 should be used as a burial-transit permit. File pages 1-and 2 with the Signated agent, prior to burial, cremation, or removal, and in any event within 72 ho	Hour a.m. While Not While factory, street, office bidg., etc.)							
Examine the certification of t	p.m. 19 at work							
Skalle Should files. FOR: Pe	death resulted from: Natural causes 🔀. Accident 🔲, Suicide 🔲. Homicide 🔲, Undetermined manner							
5 0 0 0 E C	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF MEDICAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL CHIEF MEDICAL							
Y MED execute Page I for you hal DIRI	EYAMINER'S TOTAL C DATE DEPUTY MEDICAL EXAMINER X 8/8/66							
O DEPUTY MEE please execut director. Pag retained for y O FUNERAL DI of Health or i	EXAMINER'S NAME (Type) JOHN G. BALL Address (Street, city, town, or county) Bethesda, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State)							
Parit P	REMDVAL (Specify) Burial 8-11-66 Ft. Lincoln Cemetery Prince Georges Co., Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE							
VR ALSME (5)	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE							
5M 1/65	RUBERT A. PUMPHRET Bethesda, Mary Land DATE AUG II 1966 fluorles Judge							

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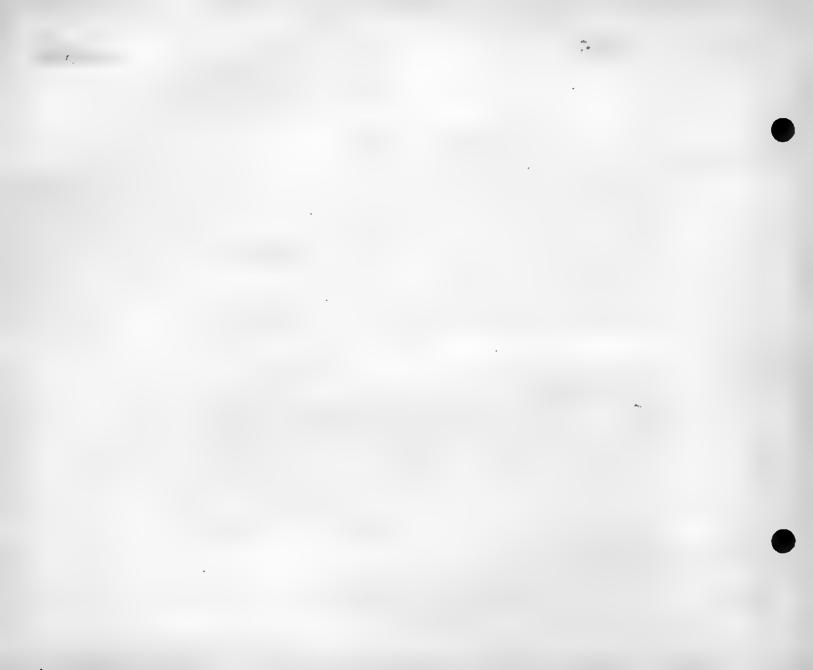
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11659 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o COUNTY **b.** COUNTY montgomery
b CITY OR TOWN (fourside corporate timits, MARYLAND c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give negrest town) 8-10-66 to Spring 8-30-66 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO 🗷 Chevy chase nog & Convalencent Center 3 NAME OF DATE Month DECEASED HUGH -30 (Type or print) SMITH DEATH 1F UNDER 1 YEAR | 1F UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE IIn years 7 MARRIED X **NEVER MARRIED** lost birthdov) Months Doys MALE WIDOWED DIVORCED WHITE TOO USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? PRINCE WILLIAM. MOCCULOTZE CT. UA. U.C.A. 14. MOTHER'S MAIDEN NAME FOLEY GEORBE WASHINGTON SMITH . 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) [If yes give wor or dotes of service Not Available margaret 1315 Hempel INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per tige for (o), (b), and (s). ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. While of work of work 2). I certify that (i) (this haspital) attended the deceased fram __, 19___, that (I) (we) last 19____, and that death accurred at 12:15 PM, fram causes and on the date stated above. saw the deceased alive an_ 22o. SIGNATURE M.D. 22c PHYSICIAN'S NAME (Type) A HTIM2, 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 23o. BURIAL CREMATION. REMOVAL (Spacify) SEPT. 2/66 ROCK CREEK CENETERY WASHINGTON. D.C. 25o. REC'D BY REGISTRAR Funeral Home 1300 N.Street, N.W. VR A15 (4) WASHINGTON D.C. 2000 MIE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission m COUNTY b. COUNTY Montgomery Montg. Marvland by the and 2 death. MARYLAND by th b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerast town) Gaithersburg. Rural #3.Gaithersburg. filled in E Pages 1 a executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Rurak YES NO PA papers. n 72 hot completely 3. NAME OF Fresh DATE Middle Month Dey DECEASED OF Smith 19 66 within (Typa or print) James Thomas DEATH 5th carbon 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED AGE (In years) IF UNDER I YEAR The law requires that the death certificate be and last birthdey) Months Devi Hours Male White event, June WIDOWED I DIVORCED the thospital or attending physician, the attending physician this certificate has been signed by the attending physician this certificate has been signed by the attending physician this certification. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) S any Retired Farmer Vа. please i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Smith Susie Boling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or detes of service) Artie M. Smith. RT Gaithersburg. Md. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c), INTERVAL BETWEEN DIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transit permit ONSET AND DEATH ູ້ວ PART I. DEATH WAS CAUSED BY tic Caxcin oma IMMEDIATE CAUSE (e) cremation, gial Squamous Coll CA. Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying couse lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY CERTIFICATION 2 Q PERFORMED? YES | NO K prior 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH of Health be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.] Hour a.m. While Not While 19 et work et work Dept. p m. 21. I certify that (I) (this hospital) attended the deceased from.... 19(_(_, that (I) (wo) last State19.66 ..., and that death occurred at 2 P...M, from the causes and on the date stated above saw the declased alive on. may 22° SIGNATUR 22Ь. DATE TO FUNERAL DI director, page 3 sl be filed with the S MED. STAFF SIGNED death. Page 4 PHYS. DIRECTOR HOSPITAL Page 4 M.D 226. PHYSICIAN'S 22d ADDRESS NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Forest Gaithershurg Buri Oak 24 FUNERAL DIRECTOR'S 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Gaithersburg 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. physician and completely filled in by the funeral entplease remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Resident a COUNTY a. STATE **b** COUNTY HONT GOMERY MARYLAND c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (tt outside corografe imits. E LENGTH OF STAY IN 16 write RURAL and give nearest town) FAIRTAX SILVER Spring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? HOLY CROSS HOSA. JERMANTOWN 3408 YES | NO I 3. NAME OF DECEASED (Type or print) Maryfirst Kathleen Lost Month Doy Year OF DEATH SNUTA 19 IF JNDER 1 YEAR S. SEX B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE NEVER MARRIED last birthdov) Doys Hours White WIDOWED DIVORCED AUG. 18.1966 18 10a JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working l.fe, even if retired) INDUSTRY .. COUNTRY? SILVER SARING USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN ROBERT Smith Pyron MARY 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, ar unknown) I(If yes give wor or dates of service SOME AS Abode INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)). burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO F ģ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. Not While foctory, street, affice blda., etc.) 21. I certify that (1) (this haspital) attended the deceased fram Aug. 18, 1966, to Aug. 25, 1966, that (1) (we) last be retained saw the deceased alive an Aug. 25 19 66, and that death accurred at 10:21 M, fram causes and an the date stated obove. 220 SIGNATURE 22b DATE SIGNED PHYS. DIRECTOR M.D. 22d. ADDRESS 50 W Edmonston Dr. 22c. PHISICIAN S WAME (Type) Joseph A. Dugan Rockville. Md. director, should b 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION, (County) (Stote) REMOVAL (Specify) Burial 8/30/66 Fairfax ۷a. Fairfax Cemetery 1866 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Everly Funera Fairfax. Va. DATE Home



1 .	1	1		ision of STATISTIC	e e men	CTLAND STATE I AND RECORDS,	301 W.	PRESTON STREET,	BALTIMORE,	MARYLAND 21	1201
Je .	(M)		11662			CERTIFICA					11657
Carlo.	and		PLACE OF DEATH					ISUAL RESIDENCE (When	e deceased aved,		ence before admission)
1	funeral funeral s 1 and ter dear		o. COUNTY Me	NT GOM	ERY	MARYLAND		STATE MAR	YLAND	b COUNTY RIN	CE GEORGES
3	the ages s aft	Г	CITY OR TOWN (If ou write RURAL and giv	itaida corporata limita	()	ENGTH OF STAY IN 16	c. (l	ITY OR TOWN (If outside		_	ve neorest town)
	by Po aun		S1216	ER SPRI					7730	ILLE	<i>p</i> (, , , , , , , , , , , , , , , , , ,
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Lieth please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.		NAME OF HOSPITAL O	CROSS A	n hospital give st	,	d. 5	TREET ADDRESS	FAIR	DAK AU	e is residence on a farm? yes \(\text{NO} \)
-	of the with		NAME OF DECEASED	First		Middle			DATE OF	Month	Day Year
	od w lete carb carb	L	Type or print)	WILL	A	6	01	RITH	DEATH	UGUST	7 19 6 6 R I YEAR IF UNDER 24 HRS
	se executed within and campletely fil remave carban p in any event, with	5	F	COLOR OR RACE	WIDOWED D	NEVER MARRIED DIVORCED] 8. DAT	TE OF BIRTH 8/25/07	9. AGE (In		
	r certificate be ex recovery and in an emoval, and in an	10a dur	USUAL OCCUPATION (Ginn most of working life,	ve kind of work dane even if retired) COUNS ELLL	10b. KIND O	F BUSINESS OR RY		BIRTHPLACE Kounty & St.	ate at foreign cau	GREEN-12 (CITIZEN OF WHAT OUNTRY?
,	Sicile plec 1, ar	13	FATHER S NAME	COUNTERNO				MOTHER'S MAIDEN NAM		n	
,	ovo		Alsa	RRISON	Mo	KSE.		WILL	JA 1	MARSE	
		1S. (Ye	WAS DECEASED EVER IN s, na, or unknown) (If y	U.S. ARMED FORCES? res give wor or dates of s		L SECURITY NO.	17. INFOR	MANT		Address	
•	atted	H	18 CAUSE OF DEATH	(Enter only one couse	per line for (o), ((b), and (c).)					INTERVAL BETWEEN
	at the the nsit p matie		PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAUSE (o)	. 5		114	JUFFICIA	EMCY		INTERVAL BETWEEN ONSET AND DEATH
•	equires the physician. signed by purial-tran purial-tran purial, crea		Ą	DUE TO							
	urre gne urial		Conditions if any, whense to immediate co		1 BR	CUICHOD	NEUR	SONIA			7 OHUS
	req in single in		stating the underlying		13			1 5 .00		HSASRS	7 0 10000
	law ndir bee bee iar 1		lost) (c		CHOGEN		ARCINION		21/6 6	19 WAS AUTOPSY
i	Y: The law re ar attending ate has been r use as the salth priar ta	ATION	PART II. OTHER SIGNIF	TCANT CONDITIONS CON	IIRIBUTING TO DE	AIN ROL NOT KETATED	IO INE IEI	RMINAL DISEASE CONDITI	ON GIVEN IN PAR	1 1(0)	19 WAS AUTOPSY PERFORMED? YES - NO -
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar ta	CERTIFICATION	200 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH	205. DESCRIB	E HOW INJURY OCCUR	RED. (Enter	noture of injury in Part	I ar Port II of ite	m 18.)	
	he has this ce letath	MED CAL	20c. TIME OF INJURY Haur o m.	Month, Doy, Year	20d. INJURY While	Nat While		INJURY (Home, farm, reet, office bldg., etc.)	20f. (City or	tawn) (C	ounty) (State)
	by t ffer be c state	1	p m.	19 that (1) (this haspi	ot work	the despased from	~	FEB. 196	6 to 7	A 116 - 19	66, that (I) (wee) last
_	OR ATTENDING PY be retained by the DIRECTOR: After this le 3 shauld be deto ed with the State De		sow the dece	oseq alive an	6 A 46_	19 6 s and	that dea	oth accurred of 1	M, from	causes and an	the date stated above.
	ATT Stain Shac ith 1		220. SIGNATURE /	/	1.0)		/	, - ()	22b.	DATESIGNED
	OR Serent		11.	Every B.	Wort		M.D. P	111.01	ECTOR D	AFF 8	17/66
	NOSPITAL OR ATTENE age 4 may be retained FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22c. PHYSICIAN'S NAME (Type)	1				22d. ADDRESS 905 SHEE	RIDAM	ST. HYA	750783 750166,190-
	UNE UNE Duld	230	. BURIAL, CREMATION,	23b. DATE THER		C. NAME OF CEMETER			23d. LOCATION ((County) (State)
	Page O FUN direct shaul		REMOVAL (Specify)	8-11-	66 (Jarver M	emori			e George	
	VR A15 (4)	24	FUNERAL DIRECTOR	TIRK	much	ADDRESS 2-30/5-	1/21	2So. REC'D BY	REGISTRAR	256 REGISTRARS	SIGNATURE CONCERN S
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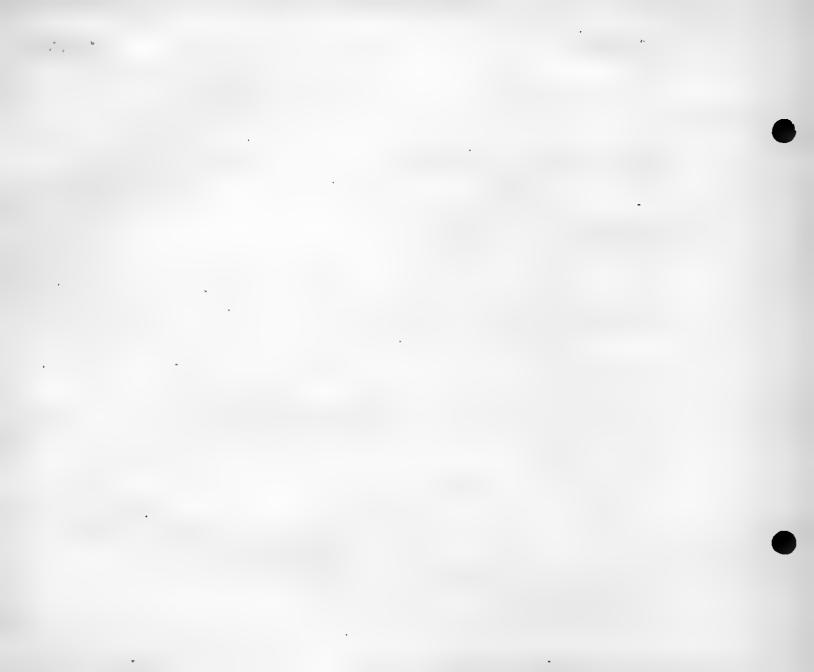


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11663 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH South Carolina COUNTY o. COUNTY Montgomery MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) filled in by the c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Charleston Heights Bethesda e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS NO 🕤 U. S. Naval Hospital 4054 Ohara Avenue YES 3 NAME OF Middle 4. DATE Lost Month Doy 20.1 (Type or print) Lonnie-Alfonso De La Rosa DEATH remove car August 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED T last birthdoy) Months Days Hours DIVORCED WIDOWED 9 August 1966 00 Cauc 12. CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR FL. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY pleose N/A Charleston, South Carolina IISA 13. FATHER'S NAME or removol, Esther DE IA ROSA Felix Nino SOTO III 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ng. ar unknown) (If yes give war or dates at service) signed by the attending burial-transit permit. I burial, cremation, ar rer 16. SOCIAL SECURITY NO 17 INFORMANT Charleston Heights, South Carolina Felix Nino SOTO III. 4054 Ohara Avenue N/A N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Congenital heart disease IMMEDIATE CAUSE (a). DUE TO Canditians, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying couse to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While at wark ot wark 21. I certify that (% (this haspitol) attended the deceased fram August 19 , 1966, ta August 20 , 1966, that (% (we) last saw the deceased alive on August 20 1966, and that death occurred at 12404M, from causes and on the date stated above. 22p SIGNATURE 22b. DATE SIGNED MED DIRECTOR STAFF PHYS. 21 August 1966 M.D. PHYS U.S. Naval Hospital, Bethesda, Md. 22c PHNS CIAN Tomasovic NAME (Type) J.J TOMOSOVIC. CAPT MC USAF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. REMOVAL (Sequity) Memorial Grounds Cemetery Austin, Texas 25b. REGISTRAR S SIGNATURE 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTORR. A. Pumphrey **ADDRESS** Ocharles Judge VR A15 (4) 20 M 1/66 1966 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11664 death. law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remark carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admiss on) o. COUNTY o. STATE COUNTY carban papers. Pages I ent. within 72 haurs after MARYLAND TEAR92 b CITY OR TOWN (If outside proparate I mits C LENGTH OF STAY IN 16 c CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO IX YES NAME OF First Lost DATE Dov Year DECEASED 0F OSER HU9. 19 66 NMN DEATH (Type or pont) ORRI IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED and in erry ev lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME or removal. 16. SOCIAL SECURITY NO SHERIOBN WY HYBITS-17D cremation. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE CAUSE (o' 4/0X approx. DUE TO Conditions, if any, which gove sease 10 4 ears nse to immediate couse (a), DUE TO & ficiency stating the underlying couse Page 4 may be retained by the haspital ar attending d far use as the of Health priar ta has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) of work at work 21. I certify that (I) (this hospital) attended the deceased fram 1963, to 8-12, 1966 that (1) (we) lost shauld 19 66 and that death accurred at 5120 pM, from causes and on the date stated above. sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATUR ATTENDING M.D. PHYS PHYS. director, page S shauld be filed 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 800-23b. DATE THEREOF NAME OF CEMETERY 23d, LOCATION (City or Town) 23o. BURIAL CREMATION (Stote) (County) REMOVAL (Specify)

BORIAL

FUNERAL DIRECTOR ERCEN VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11665 requires that the death certificate be executed within 24 haurs after death. attending physician and campletely filled in by the funeral permit. Then please remover sarban papers. Pages 1 and 2 an, or removal, and in any event within 72 haurs attached. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before p COUNTY o. STATE **b** COUNTY Montgomery Montgomery MARYLAND hauirs aft b Crity OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN Th c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Bethesda** Rockville e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 5 Arrowood Terrace Potomac Valley Nursing Home YES I NO IX NAME OF 4. DATE Month Middle Year First cost Doy DECEASED STEELE 19 66 August 22 Eva event (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 9. AGE (In years 5 SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 20 20 iast birthday) Hours Months April 2, 1883 White Female WIDOWED X DIVORCED 12. CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working fe, even if retired) INDUSTRY New York Housewife 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Charles Wherle Elizabeth Wilhemina Decker 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 213-48-7069T Charles F. Steele-Son-Same as Item #2 B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit p DESCRIPTION DEATH beral. Thrombisis -cente-IMMEDIATE CAUSE (o) DUE TO Asterio Sclerecis- Savere -Wear. Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse the hospital ar attending as the Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO YES [for 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) ot work þe -, 19___, that (1) (we) last 21. 1 certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an_ 22b. DATE SIGNED 22n. SIGNATURE STAFF PHYS. hm & Ball □ August 23, 1966 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7936 Old Georgetown Rd. Bethesda, Md. John G. Ball 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) (Stote) 230 BURIAL, CREMATION, Cremation Cedar Hill Crematory Prince Georges Co. Md. 8/24/1966 256. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Bethesda, Maryland VR A15 (4) 20 M 1/66 Robert A. Pumphrey AUG 24 1966 Miarlen

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence there a mission) a. CDUNTY b. COUNTY Pages 1 urs after Montgomery New York MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Bethesda 71 days E New York d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? The Clinical Center, Bethesda, Maryland 2865 Kingsbridge Terrace YES NO. executed within 3. NAME OF Middle OATE Day Year DECEASED (Type or print) Steven Michael Stern DEATH 1966 16 August 5. SEX 9. AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) Months | Oays | Hours | Min. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH Em Male WIDDWED OIVORCED [December 3. 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY Salesman Floor covering New York U.S.A 13. FATHER'S NAME 14. MOTHLR'S MAIDEN NAME Marian Brodsky Herbert Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records been signed by the atten the burial-transit permit. r to burial, cremation, or (Yes, no, or unknwn) (If yes give war or dates of service) Not available The Clinical Center, Bethesda, Maryland 1958-1962 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from tracheostomy site 6 hours cause unknown Lower motor neuron disease or motor neuropathy/ Conditions. If any, which l vear gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? certificate ND T YES Y 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of item 18.) detached for te Dept. of MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. Not While p.m. at work! at work 0 21. I certify that 40 (this hospital) attended the deceased from June 6 19 66 to August 16, 19 66, that ID (we) last hould h the DIRECTOR: age 3 should led with the saw the deceased alive on August 16. 1966 and that death occurred at 5:30M, from the causes and on the date stated above. P.M. 22b. DATE SIGNED 22a. SIGNATURE OR be page : MED. DIRECTOR STAFF PHYS. X August 16, 1966 HOSPITAL FUNERAL PHYSICIAN'S NAME (Type) **ACORESS** director, p David Pleasure, M.D. Clinical Center, NIH, Bethesda, Md. BURIAL, CREMATION, | 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDYAL (Specify) 9 Clifton, N.J. 8-18-66 King Solomon Cemetery Burial AU GECID BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Goldberg Funeral Home 4217 9th St. N.W., D.C. VR A15 (4) 2DM 1/65

* Strands to

/ 1/	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		11667 CERTIFICATE OF DEATH W. 11662
death.	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
hours after death. d in by the funeral rs. Pages 1 and 2		a. STATE
after the ges 1	1-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in by s. Pag		Gaithersburg 4 yrs $2\frac{1}{2}$ mo. Great Mills
24 ho filled i papers. in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM?
thin 24 the tely filled to paper.	1	Asbury Methodist Home for the Aged, Inc.
	3.	BESTACE
comple comple ve cart,	5	(Type of print) Katle Shermantine Stevens BEATH August Iz 19 00
execute and co remove	/ ["	F W Supply S Hours Min.
	10	B. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
e be sician lease and in	du	Teacher & housewife INDUSTRY St. Mary's Co., Maryland U.S.A.
icate be (plysician n please in val, and in	13	TERONET & MONOWITS
eath certificat attending ply srmit. Then p n, or removal,		John A. B. Shermantine Maria D. Sanner
h ce tend iif.	1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) (If yes pive war or dates of service) 215-51-5199 No Asbury Methodist Home, Gaithersburg, Md.
deat e at perm		
that the death certificate be sician. sician. med by the attending pllysiciar al-transit permit. Then please al, cremation, or removal, and i		18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
nat 1 cian. ed b tran		IMMEDIATE CAUSE (a) SELECTOR ASSELLE AND METERS OF THE STATE OF THE ST
ulres that the sphysician. In signed by the burial-transit burial, crema		Conditions is any which ?
quir ng p pen e bt		gave rise to Immediate
rior the		underlying cause last. (c)
The law requires or attending phy ate has been signate use as the buring the purion to buring the prior to	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
The fication or n	FICA	YES NO
OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. INRECTOR: After this certificate has been signed by a 3 should be detached for use as the burial-traned with the State Dept. of Health prior to burial, creed with the State Dept.	CERTIFICATION	206. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSIC: retained by the hos ECTOR: After this co 3 should be detache with the State Dept.		20c. TIME OF INIJIRY Month, Day Year 2 20d. INIJIRY OCCURRED 20c. PLACE OF INIJIRY (Home, farm.) 20f. (City or town) (County) (State)
of the edge of the factor of t	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
Affe Affe e Sta	Σ	21. certify that (i) (this besetted) attended the deceased from 4/1/42, 19, to 8/12/66, 19, that (i) (we) last
R ATTENDIN e retained k RECTOR: Aff : 3 should b		saw the deceased alive on 8 /12/66 19 , and that death occurred at 3 30 AM, from the causes and on the date stated above.
R AT A S S S S S S S S S S S S S S S S S		220. SIGNATURE 22b. OATE SIGNED ATTENOING MED. STAFF
AL OR DAY be DARE OF THE OF TH		Jews: College M.O. ATTENDING MED. STAFF PHYS. 8/12/66.
TO HOSPITAL OR ATTENIE Page 4 may be retaine for EUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type) Henry C. Scruggs 7720 Wisconsin Ave., Bethesda 14, Md.
HOS age FUN irect	23	A. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 5 5 5 6 V		Duy101 18/10/66 1 20000200 1050011115, 141 41
C)	2	4. FUNERAL DIRECTOR 250, REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	3	Y longer thall engly winord withite,
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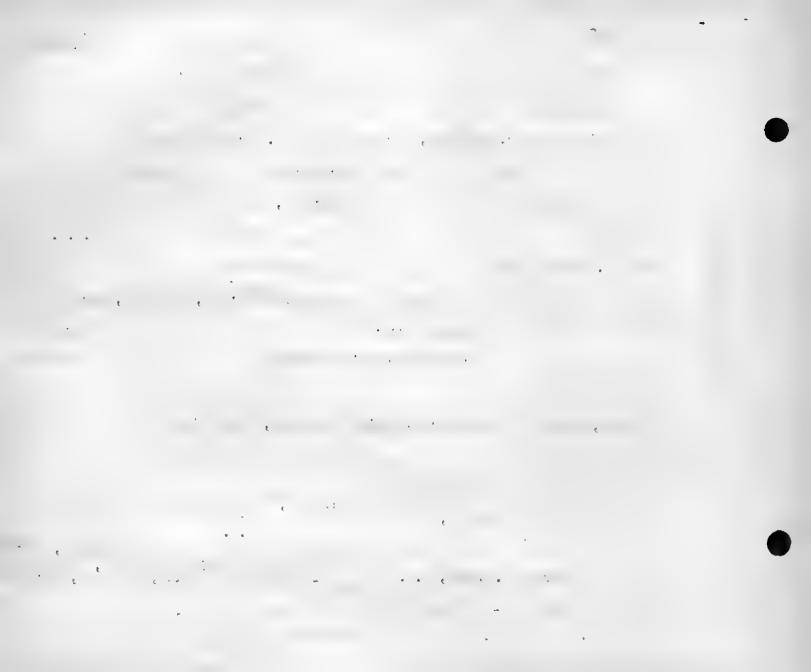


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11663 11668 CERTIFICATE OF DEATH death be executed within 24 haurs after death. signed by the attending physican and campletely filled in by the funeral butial-transit permit. Then please remave carban papers. Pages 1 and butial, crematian, ar remaval, and in any event, within 72 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY Montgomery **b** COUNTY Montgomery MARYLAND b CITY OR TOWN (If autside corporate limits, wr.j.g. RURAL and give nearest tawn) c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Silver Spring Kensington d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Carroll Hall Sanitarium 8511 Grubb Road YES NO IX 4 DATE 3 NAME OF Muddle Last Manth Day DECEASED LILLTAN STONE М. DEATH August 1966 (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH iost pichdoy) Months Days Haurs White Female 6-4-1875 WIDOWED K DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) UCOUNTRY? during mast of working life, even if retired) INDUSTRY Aentucky
14. MOTHER'S MAIDEN NAME requires that the death certificate Housewife 13. FATHER'S NAME the attending phys Spelman Samuel Frances Bound 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Mrs. Leslie Silberberg. See Item #2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if only, which gove rise to immediate couse (a), DUE TO stoting the underlying couse the haspital ar attending Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. af Health priar ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this hospital) attended the deceased fram Decompose, 1965, to account of . 1966, that (I) (we) last sow the deceased olive on Accor. 4 1966, and that death occurred of 13 AM, from couses and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 19th St. N.W. Washington, DC, Clifton R. Gruver 915 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Sint Tand Md. Cedar Hill Crematory Cremation 9 seph Gawler's Appress Ave N.W. Wash Dons 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Joseph VR A15 (4) 20 M 1/66 1956



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and deag PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Florida Montgomery MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours Bethesda Ξ Davs Tampa e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? The Clinical Center, Bethesda, Maryland 2303 W. Robeson Street ND X etely carbon DATE 3. NAME DE Middle Month Dav Year and com-remove carbo-DECEASED DEATH (Type or print) 1966 Strausbaugh Robert Henry August AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SEX DATE OF BIRTH 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED X last birthday) Months | Days Hours WIDOWED T DIVORCED [March 9. 1962 Male Then please re 12. CITIZEN OF WHAT COUNTRY? Ξ 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) þ during most of working life, even if retired) INDUSTRY U.S.A Child None Indiana death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul E. Strausbaugh Mary Sales transit permit 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)] 17. INFORMANT Address 16. SOCIAL SECURITY ND. The Medical Records The Clinical Center, Bethesda, Maryland INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ed by th that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cardiac Arrest minutes been signed the burial-transt to burial, cra DUE TO PHYSICIAN: The law requires Acute Lymphocytic Leukemia 3 months Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th prior 1 underlying cause last. 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate YES X Anemia, hemolytic and gastrointestinal bleeding, fatty liver ND [2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) is ce. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) 2Dd. INJURY OCCURRED 12De. PLACE DF INJURY (Home, farm.) factory, street, office bldg., etc.) Should be de with the State Hour a.m. Not While at work at work 21. I certify that 20 (this hospital) attended the deceased from May 18., 19.66, to August 2, 19.66, that 20 (we) last DIRECTOR: 1966 and that death occurred at 3:05M, from the causes and on the date stated above. saw the deceased alive on August 2. P.M. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. page X August 2, 1966 PHYS. M.D. DIRECTOR __ O HOSPITAL PHYSICIAN'S 22c. Clinical Center, National director, p NAME (Type) of Health, Bethesda, Maryland Martin H. Cohen. M.D. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) urial-transit Myrtle Hill Cemetery Tampa 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR rayley 1966 Bethesda. Maryland VR A15 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Montgemery o. STATE 2, and 3 ta PM3. Page ŧ ofter death. MARYLAND Department b CITY OR TOWN (If outs de corporate limits, C LENGTH OF STAY IN 15 TOWN (If outside corporate limits, write RURA, and give nearest town) 2 5 d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS along with farm haurs ON A FARM? NO D 24 haurs after death 3 NAME OF DECEASED 1966 DEATH IF UNDER 24 HRS S SEX 9 AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY raini pencil 13. FATHER'S NAME 14. MOTHER S MA DEN NAME This certificate shauld be executed within ⊆ Johnson. Georganne. File 17 INFORMANI 16 SOCIAL SECURITY NO Address farwarded to the Chief Medical ar remayal. CAUSE OF DEATH (Enter only one couse per the for (o), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY COTODAL IMMEDIATE CAUSE (a) burial, crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Carelio Vasculai Disease. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES -NO 5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 shauld be to Health or its designated agent, prior to please execute the certificate, 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20e PLACE OF INJURY (Home form. 20d INJURY OCCURRED (City or town) (State) 20c. TIME OF NUJRY Month, Doy Year (County) foctory, street, office bldg , etc.) Hour o.m. While Not While 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion the funeral director. Natural causes X Accident . death resulted from: Suicide 🗍 Hamic'de Undetermined manner ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THERE OF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR ? Church 12 DATE AUG VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH							
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND 11666						
1. PLACE DF DEATH 3. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resident as COUNTY) 3. STATE by COUNTY	ace before admission)						
Montgomery Maryland Maryland Monte	gomery						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	give nearest town)						
Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS d STREET ADDRESS	e. IS RESIDENCE						
	ON A FARM?						
3. NAME OF First Middle Last 4. DATE Month Da							
(Type or print) Enzabeth Catherine Saylor DEATH Highest 10	1966						
Garage Carrier Minowich Days							
10a. USUAL DCCUPATION (Give kind of work done 10b. Kind of Business OR during most of working life, even if retired) 10b. Kind of working life, even if retired) 11b. BirthPLACE (County & State, or foreign country) 12c. CIVIZED 11b. BirthPLACE (County & State, or foreign country) 12c. CIVIZED 11b. BirthPLACE (County & State, or foreign country) 12c. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. CIVIZED 12d. BirthPLACE (County & State, or foreign country) 12d. BirthPLACE (County & State, or foreign	N DF WHAT						
Housewife Washington D. C. U. S. 14. MOTHER'S MAIDEN NAME	.A						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? ! 16. SOCIAL SECURITY NO. 17. INFORMANT							
(Yes, no, or unknown) (Types give war or dates of service) 578-01-05038 Mrs. Helen J. Sallust Silver Spring	o. Md.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	TERVAL BETWEEN						
IMMEDIATE CAUSE (a)	15 mg 10.						
Conditions, If any, which) DUE TO Breast Carcing of Breast	V						
gave rise to immediate cause (a), stating the DUE TO							
underlying cause tast. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO IX							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 30b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 40c. CONTRIBUTING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.)							
	(State)						
Hour a.m. While Not While factory, street, office bldg., etc.)	(21916)						
	that (I) (we) last						
saw the deceased alive on Qualific 1966, and that death occurred at AM, from the causes and on the da	ate stated above.						
22a. SIGNATURE COMPART PARTIES AND ATTENDING MED. STAFF COULD PHYS. DIRECTOR PHYS.	10.19//						
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	41766						
1222 Monroe St., N. L., D. C.							
23a. BURIAL CRÉMATION, 23b. DATE THÉRÉOF 23c. NAME OF CEMETERY OR CRÉMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Aug. 13. 1966 Glenwood Cemetery [Bahington]	(State)						
24. FUNERAL DIRECTOR J. J. D. J. ADDRESS							
John B. Thomas John Shares 8434 Georgia Hue. Warner E. Pumphrey Inc. Silver Spring Md DATE AUG 1 5 1996 grunles	Judge						

VR A15 (4) 20 M 1/65



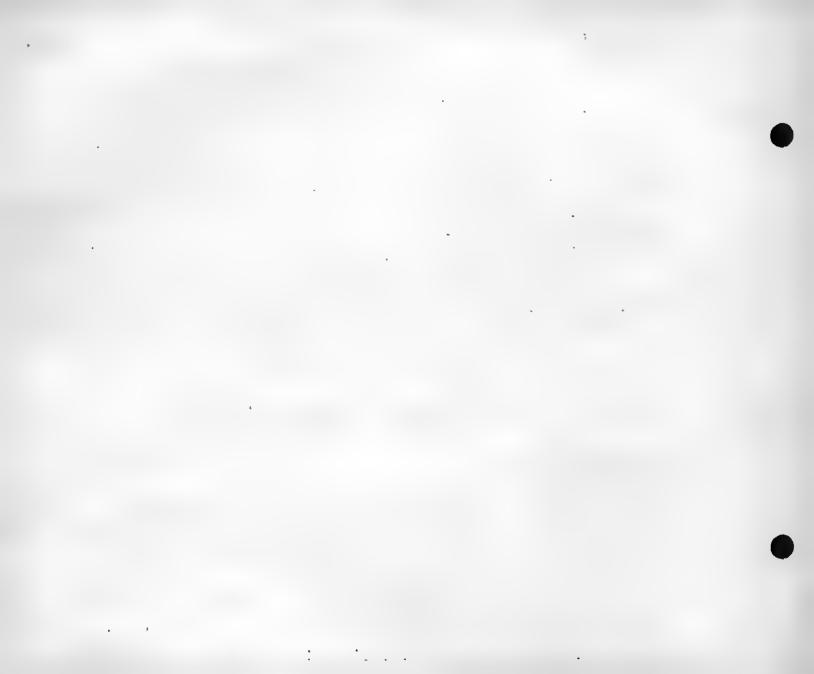
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) b COUNTY Montgomery a COUNTY o. STATE Maryland Montgomery MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase Chevy Chase a. NAME OF HOSP TAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 3709 Chevy Chase Lake Dr. 3709 Chevy Chase Lake Drive NO X 3. NAME OF Middle 4 DATE Month First Łast Doy Year please remove carban DECEASED OF DEATH TAYLOR 2 19 66 HENRY August IRVING (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 3 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 70 birthday) Dec. 15,1895 and in any White WIDOWED DIVORCED Male 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) during most of working life, even it retired)
Export Director Retired U COUNTRY? Ontario, Canada The law requires that the death certifical 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar removal, Nettie Taylor Irving H. Taylor 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) Same as Item 2. 579-18-0132 Lavinia Taylor INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per nne for (a), (b) and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). ONSET AND DEATH remia DUE TO he show solerasis. Canditions, if any, which gave (b) rise to immediate couse (a), DUE TO for use as the lifted the feath prior to b stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DÉATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO X 200 ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this haspital) attended the deceased from Je crue, 19 of to long 2, 1966, that (I) (we) last saw the deceased alive on 1966, and that death accurred of M, fram coases and an the date stated above. 22b DATE SIGNED STAFF PHYS. **ATTENDING** MED. DIRECTOR 8-3-66 director, page should be filed 22d. ADDRESS 22c. PHÝSICIAN'S HOWELL olson and A WILLIAM L. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (County) (State) 23o. BURIAL, CREMATION, C remarion 8/3/1966 Cedar Hill Crematory Prince Georges Maryland 25o. REC'D BY REGISTRAR 25b. REGISTRAB'S SIGNATURE 24 FUNERAL DIRECTOR Bethesda, Maryland Robert A. Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11668MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Prince Geo. o. COUNTY Montgomery o. STATE **₹**0 death. MARYLAND b CTY aR Tawn (If outside carparate mits, CLENGTH OF STAY IN TO c CITY OR TOWN (If outside corporate Lm ts, write RURAL and give nearest town) puo write RURAL and give nearest town) 13 days Bethesda Hyattsville B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS hours YES NO I pencil/fill them 18. Give Pages Suburban 1211 Woodberry St. 3 NAME OF Middle 4 DATE DECEASED Louis Temme 66 (Type or print) DEATH S SEX IF JNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years thday) MIDOWED event 100 USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working te, even it retired)
Operating Engineer COUNTRY? NDUSTRY poges I Meat Packing Ind. Germany 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME be executed within Temme Unknown ond IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Daughter or removal. (Yes, no or unknown) {(fives give wor or dotes of service Elizabeth Carpenter No - Same 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) _ writing the word cremation, DUE TO Nephritis Chronic. Conditions, if ony, which gove nse to immediate cause (o), Cardio Vascular Piscose stoting the underlying couse 19. WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(0) NO A 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING M Fall in NOTSING Horne when getting into bed CAUSE OF DEATH 20d IN.JRY OCCURRED 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJRY (Home, form, foctory, street, office bldg., etc.)
No FS (D9 Hosae While of work of work Md. Potomoc-Mont. 21. I certify that I taak charge of the remains described above, herd on Autopsy Inspection 🔀 Inquiry X. and in my apinian Accident X death resulted fram-Natural causes Suicide . Ham cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER (X) **EXAMINER'S** John G Address (Street, city, town, or county) NAME (Type) Ball 230 BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR GREMATORY 23d. LOCATION (C'ty or Town) (County) REMOVAL (Specify)
Burial Highwood Cemetery Pittsburg Pa. 25b REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR 24 FUNERAL DIRECTOR **VR A15ME (5)** 1966 F. Gasch's Sons Hyattsville, Md. 6M 1/66



1	21	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
W		11674 CERTIFICATE OF DEATH	1669
requires that the death certificate be executed within 24 hours after death. I signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then are remove carbon papers Pages I and 2 burial, cremation, ar re-abovat, and in any event, within 72 haurs after death.		Delace OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence below O. STATE D. COUNTY MARYLAND	e odmission)
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OR ATTENDING PHYSICI be retained by the hospit DIRECTOR: After this certifing 3 should be detached if led with the Stote Dept. of		20c TIME OF INJURY Month, Doy, Year Hour o.m. 19 20d INJURY OCCURRED While of work of	(Stote)
R ATTENDI retained by ECTOR: Afti 3 should by with the St		saw the deceased alive an august 28 1966, and that death accurred at 320 M, from causes and on the dat	
. ≝ ≥		MD. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. DI 8/2-9/	166
SPITAL 4 may IERAL or, po d be fi	1	NAME (Type)	A Second
TO HO: Poge to Fundamental	0	230 BURIAL (REMATION, REMOVAL (Specify) 8-31-1966 Parklawn Cemetery Rockville Md 24 Fineral Director Address. I Zso. Recid by Registrar 25b. Registrar Signatul	
VR A15 (4) 120 M 1/66	Call	Joseph Gawler's Sons, 51300RESS Ave. DATE SEP 3 1966 REGISTRAR'S SIGNATURE DATE SEP 3 1966 REGISTRAR'S SIGNATURE.	_



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11675 11670MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY PM3. Page at MARYLAND Department b CITY OR TOWN (If outs to corporate limits) ELENGTH OF STAY IN 16 outs de comparate limits, write RURAL and give negrest town) write/RURAL and give negrest-town e IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours Item 18. Give Pages 1, Office a ang with farm NO YES M 24 haurs after death NAME OF 4 DATE First. M ddle Lost Month Dov Year DECEASED OF OMAS 20 1966 (Type or print) DEATH with 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS S SEX DATE OF BRIM 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months last_birthday) Dovs Hours -25-1893 WIDOWED DIVORCED 100 LSUAL OCCUPATION (Give kind of work done K ND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of work no life even firet red) 9 Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within \subseteq azarus homad hana and 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no. or unknown) It was give wor or dates of service. 16. SOC AL SECURITY NO 17 INFORMANT Address remayal, 18 CAUSE OF DEATH (Enter on y one couse per ling INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Б IMMEDIATE CAUSE (o) This certificate should crematian, DUE TO farwarded to the Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last burial, r WAS AUTOPS' PERFORMED? PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES ţ 20o EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) prior PRIMARY I or CONTRIBUTING I CALISE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) While Not While of work or its designated Inspection K 21. I certify that I tack charge of the remains described above, held an Autopsy and in my apin an the funeral directar. death resulted from? Natural causes -Accident Suicide 🔲 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE TO DEPUTY Health (NAME (Type) 230 BUR AL TREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 0 REMOVAL (Specify) Washington, D.C. Congressional Cemetery 8-22 25b REGISTRAR'S SIGNATURE RECD BY REG STRAR 1966 VR A15ME (5) Rinaldi Funeral Home, 7400 Georgia Ave, NW DATE 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH de de 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before GITY OR TOWN (it ontside corporate limits, write RURAL and give nearest town) c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pages 1 Irs afte MARYLAND c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours hours filled e. IS RESIDENCE ON A FARM? YES etely executed within 3. NAME DE DATE Month DECEASED compli (Type or print) DEATH 6. COLOR DR DATE AGE (Ig years | IF UNDER 1 YEAR гетточе 7. MARRIED NEVER MARRIED blithday) Months Days and WIDDWED DIVORGED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY (Gounty & State, or foreign country) 12. GITIZEN DF WHAT GOUNTRY? thicate 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or n 16. SOGIAL SEGURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) att CAUSE OF DEATH | Enter only one cause per line for)(a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-tu burial, DUE TO Conditions, If any, which (b) реел gave rise to Immediate the r DUE TO cause (a), stating the underlying cause last, PART II. DTHER SIGNIFICANT GONDITIONS GONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ICATI YES NO F 208. AGCIDENT WAS UNDERLYING TO DR GONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMINER) PHYSICIAN: OGGURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) detached for CAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OGGURRED 20e. PLAGE DF INJURY (Home, farm, 20f. (Gity or town) (County) (State) factory, street, office bldg., etc.) MEDI Hour a.m. While Not While at work at work p.m. 19 v the <u>66.</u> that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 19.66 and that death occurred at 1/33 M. from the gauses and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 226. DATE SIGNED STAFF ATTENDING PHYS. M.D. DIRECTOR director, pa Pa O HOSPITAL 22c. PHYS/C/ARTS 22d. **ADDRESS** Carro akoma 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 23d. LOCATION (City, town or county) (State) 23b. NAME OF GEMETERY OR GREMATORY Cem | Arlington | 25a. REGISTRAR'S SIGNATURE Seph_ awl ADDRESS Wisc. Inc. VR A15 (4) ton 20M 1/65



Items 18&21 Film 381 9-29MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased, ved, if institution Residence before admission) O. COUNTY Maruland b. COUNTY 늄 CITY OR TOWN (If outside corporate I mits, MARYLAND Montaomeru Department C LENGTH OF STAY IN 15 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after D.O.A. Jakoma Park d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d STREET ADDRESS hours ON A FARM? State [Washington Sanitarium and Hospital NO Z YES [Item 18. Give Page Office alang with f haurs after death 3 NAME OF 4 DATE Month Doy Year DECEASED within (Type or print) 1960 DEATH 9 AGE (n years S SEX F UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE MARRIED NEVER MARR ED Lost birthdoy) Months Hours June 20. WIDOWED X DIVORCED event 106 K ND OF BUSINESS OR BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Connecticut rd "pending" in pencil in Chief Med.cal Examiner's 13 FATHER S NAME pencil 14 MOTHER'S MAIDEN NAMI w thin Frank Tillotson Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCAL SECURITY NO This certificate shauld be executed (Yes, po, or unknown) (If yes give war or dotes of service) remayal, 046-16-8221 Pauline Mangin ues 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute coronary thrombosis Б IMMEDIATE CAUSE (o). crematian, DUF TO Conditions, if any, which gave Coronary artery heart disease rise to immediate couse (a), farwarded to DUE TO stating the underlying couse D used as burial, 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO. be to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) agent, priar PRIMARY Or CONTRIBUTING **CAUSE OF DEATH** 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF NIJRY Month, Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office oldgi, etc.) Not While ot work at work designated 21. I certify that I taak charge of the remains described above, held an Autopsy XI Inspection 🔀 Inquiry and in my opinion FUNERAL DIRECTOR: Natural causes the funeral directar. death resulted from: Accident Surcide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** 5 may | TO FUNE Health NAME (Type) of county) DATE THEREO LOCAT ON (City or Town) 23o BURIAL CREMATION (County) (Stote) REMOVAL (Specify) 1966 Riverside Cemetery South Norwalk, Conn. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 2Sb. AUG סטנו VR A15ME (5) DATE 6M 1/66



1.1 -		MARYLAND STATE DEPARTMENT OF HEALTH
10	l	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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affeir iheral nould	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) 5. COUNTY A A STATE A COUNTY A STATE A COUNTY A A STATE A COUNTY A CO
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age st		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM?
d Pours Pours	-	NAME OF First Middle Last 14. DATE Month Dey Year
plete	3.	DECEASED OF O LID
X C Lift	5.	7/4/1/19
e be ex		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 17 EAX IF UNDER 17 HAS.) In year of the year
第二章	104	USUAL OCCUPATION (Give kind of work 1 1Db, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or fore an equatory) 112. CITIZEN OF WHAT COUNTRY?
certific hysici remov	"	House working life, even if refired) House work Maryland U.S. A
_ A A	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
death ding please ind in		HITTED KICKS Sadie Lee
he steen	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address Add
t ter the same of		Jamuel limbers Hem #2
cian by 1 rmii r re		18. CAUSE OF DEATH Enter only one cause per line for (a) / (b), and (a) / (b) PART I, DEATH WAS CAUSED BY:
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E to the second	7	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
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or sering	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH
E TE		(IF EITHER, NOTIFY MEDICAL EXAMINER)
Affer	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) Hour e.m. (County)
END Faine Pr. o	M	p.m. 19 et work et work
E P P P		21. I certify that (I) (this hospital) attended the deceased from 1963 to 3. 1969, that (I) (we) last saw the deceased alive on 3. 1969, that (I) (we) last saw the deceased alive of 3. 1969, that (I) (we) last saw the deceased alive of 3. 1969, that (I) (we) last saw the deceased alive of 3. 1969, that (I) (we) last saw the deceased alive of 3. 1969, the deceased alive
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m @		M.D. ATTENDING MED. STAFF PHYS. STAFF PHYS. STAFF
PITAL Pege 4 ERAL pege with the		22c. PHYSICIAN'S NAME (Type) D / PAIC // POLICY / ROCK // ROCK
HOSPITA ath. Pege FUNERAl ector, pege filed with		0,
HOSI PUN: FUN: rector,	23	BURIAL, CREMATION, 23b. DATE THEREOF 21c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)
D S D S S	L	BURIAL 1/20/66 KINCOIN FARK NOCHUTTE MA.
VR AI5 (4)	24	SEUNIERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS PAGESTRAR 256. REGISTRAR 256. REGI
13W 1.01	14	rotten Vi som nacod local lite 1. (4.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death. and completely filled in by the funeral remave carbon papers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before b. COUNTY MONTGOMERY p. COUNTY MONTGOMER o. STATE MARULAND MONTGOME

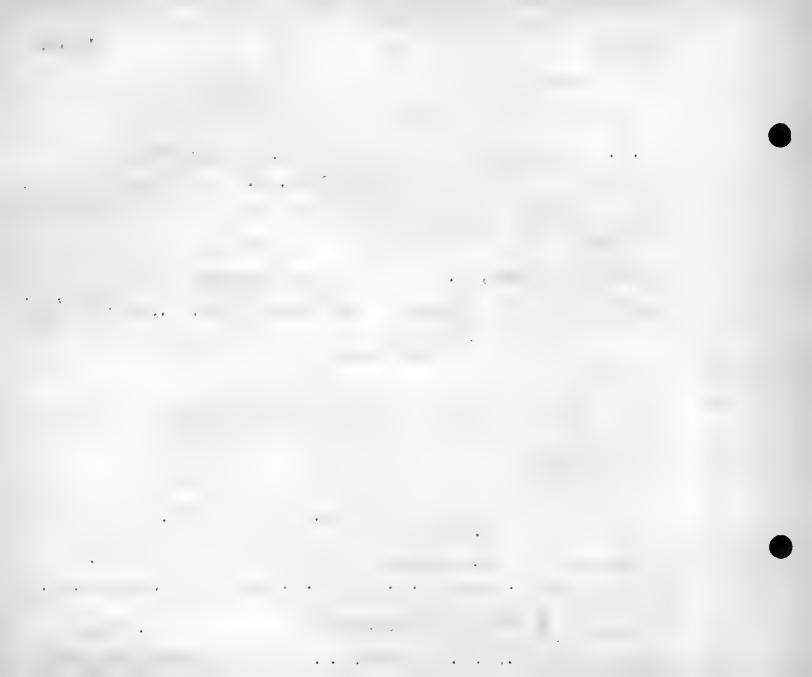
CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) MARYLAND SILVER SPRING nouna d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? HOMF LAREDO ROAD 1007 YES NO 4 NAME OF 4 DATE Last Month DECEASED OF DEATH DELAIDE TIMMAN AUGUST 30 1966 (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS 9 AGE (In years 7 MARRIED last birthdoy) WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 LSJAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

AOUSE Wif

13. FATHER'S NAME Own Home COUNTRY? > WASHING TON- D.C. William E. Cordell Lucy Ryan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1007 Maredo Rd. James H. Timmons Silver Spring. Md. ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY: CARCINOMA ESDPHAGUS OF IMMEDIATE (AUSE (a). DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS' PERFORMED? ERTENSION. ESSENTIAL NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (State) factory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram FEB 14, 1956, ta AUG. 30, 1966, that (II) (we) last saw the deceased alive an AUG. 30, 1966, and that death occurred at 1015 M, fram causes and an the date stated abave. 22g SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. 8/30/66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S A. ROBERTS GEO. AVE. SILVER SPRING, MD. NAME (Type) 8707 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d LOCATION (City or Tawn) (County) BULLA (Specify) Arlington National Cem. Arlington, Virginia 25b REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR Aportis Georgia Ave. VR A15 (4) VCharley Judge 20 M 1/66 Silver Spring



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Resid a. COUNTY b. COUNTY e. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) SPRIN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? pap completely NAMÉ OF First Middle Month Day Year event wi Lesi carbon DECEASED OF (Type or print) Urner DEATH remove range SEX 6. COLOR OR RACE AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9, 7. MARRIED NEVER MARRIED last birthday) | Months Days Hours WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT has been signed by the attending physician as the burial-transit permit. Then please in prior to burial, cremation, or removal, and in during most of working life, even if retired) certificate be **COUNTRY?** FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASE PEVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANI Address Ummoure 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PHYSICIAN: The law requires that the the hospital or attending physician. **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: Hemoperitoneum IMMEDIATE CAUSE (a) DUE TO Status following needle biopsy of spleen Conditions, if eny, which (b) gave rise to immediate DUE TO cause (a), stating the Agnogenic myeloid metaplasia underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hished for use at PERFORMED? CERTIFICAT YES X NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certification of the detached for the certification of the certific MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While retained by 19 at work at work DIRECTOR: Affage 3 should be sided with the Si 21. I certify that (I) (this hospital) attended the deceased-from saw the deceased alive on S and that death occurred at M. from the causes and on the date stated above. SIGNATURE DATE SIGNED page filed TO HOSPITAL O Page 4 may b M.D. PHYS DIRECTOR PHYS FUNERAL PHYSICIAN **ADDRESS** director, p should be 1 (State) BURIAL, CREMATION, 23b **DATE THEREOF** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMICOVAL (Specify) uria FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. BEGISTRAR'S'SIGNATURE 1966 VR A15 (4) 20M 1/65

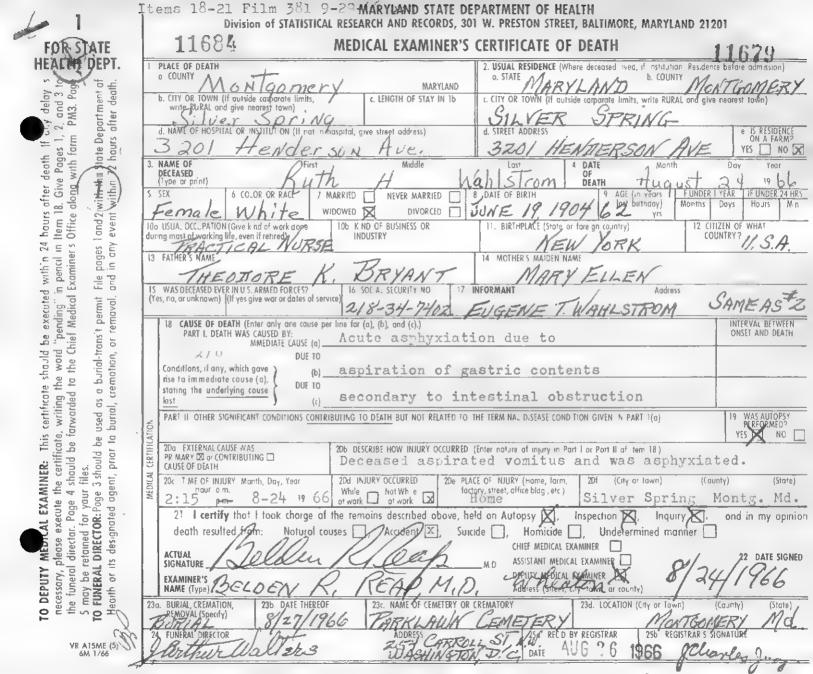


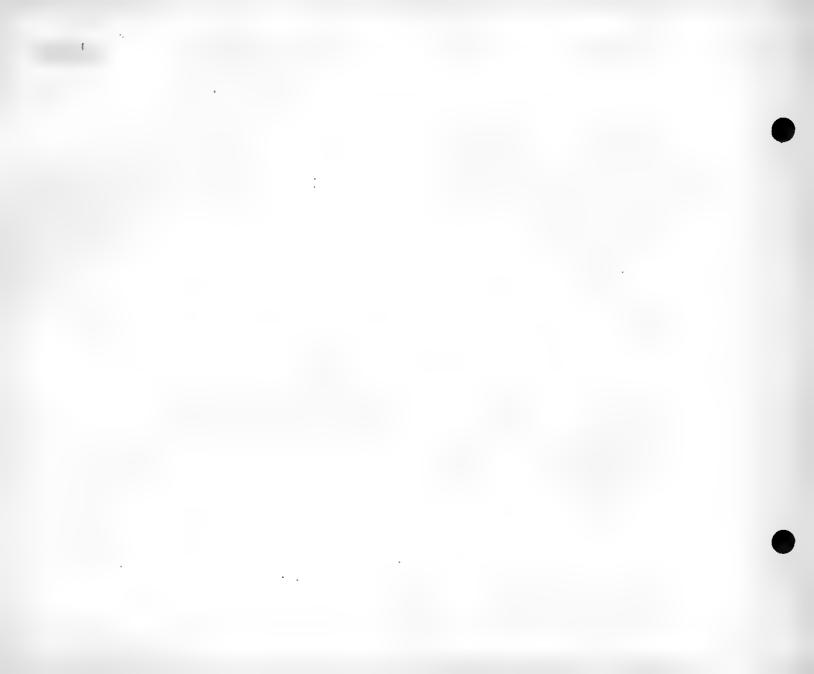
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death. attending physican and completely filled in by the funeral permit. They please remave carban papers. Pages I and an activities of the death and in any event, within 72 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE 5. COUNTY ONT GOME MARYLAND MANITARMER b CITY OR TOWN (If outside coporate limits, write RURAL and give pearest town) c CITY OR TOWN (It outside corporate limits, write RURAL and give negres) town) c LENGTH OF STAY IN 16 10 MONTHS ensinato N d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAYOR INSTITUTION (If not in haspital, give street address) WameRON YES NO X DATE Month 3. NAME OF Middle Lost Doy Year First DECEASED (Type or print DEATH MARRU IF UNDER YEAR IF UNDER 24 HR DATE OF BIRTH AGE (In years S SEX 7 MARRIED 6 COLOR OR RACE NEVER MARRIED lost birthdov) Months Dovs Hours B WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BURTHPLACE (County & State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.5 A RASKA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 050 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service PRMERON DR SPYIM INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove rise to immediate couse (a). DIJE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the lost. WAS AUTOPS? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART I(o) NO [YES 🔲 þ DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING I detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURRED TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) of work Page 4 may be retained by 2]. I certify that (I) (this haspital) attended the deceased fram_ 10/22,1965, to 19 6 6 that (1) (400) last 19 66 and that death accurred at 9 15AM, from causes and an the date stated above saw the deceased alive an_ 22b DATE SIGNED 220 SIGNATURE ATTENDING M.D DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN TO HOSPITAL 0620 Ga. Ave. Silver Spring. directar, po should be f NAME (Type) Michael <u>Dobridge</u> 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 230. BURIAL, CREMATION cremation Lincoln Crematory Prince Georges County M ADDRESSashington. PO. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Marley 1966 DATE AUG



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) jely filled in by the funeral ban papers. Pages I and a. COUNTY **b** COUNTY MARYLAND (II outside corporate limits. c LENGTH OF STAY IN 15 (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? HOSPITAL OR M [JUTION (II not in haspital, give street address) d. STREET ADDRESS YES 🗔 NO Z 3. NAME OF Middle DATE Month First Doy Year DECEASED OF DEATH EXALL Hugust 19 (Type or print) 9. AGE (In years IF LINDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR Ø 0) lost-pirthday Manths Dovs Hours WIDOWED DIVORCED VUD rem physician and 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote or foreign country) = attending physicion un during most of working life, every retired many - Chico - Chick COUNTRY? 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME or remova WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service ORCAIN cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line (or (a), (b), and (c)) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the Health priar to 8 WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION detached far use YES NO 20g. ACCIDENT WAS UNDERLYING [3] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) by the haspital 50 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Day, Year (City or town) (County) Hour o.m. foctory, street, affice bldg., etc.) Not While While at work at work L p.m. 21. I certify that (1) (this haspital) attended the deceased fram. 1964, that (I) (we) last be retained should and that death accurred of M. fram causes and on the date stated above. saw the deceased alive on 22g. SIGNATURE DATE SIGNED **ATTENDING** M.D. 22d. ADDRESS PHY CIAN'S director, po Jonathan NAME (Type): 23a | BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify): 2Sa. REC'D 24. FUNERAL-DIRECTOR VIII A15 (4) 20 M 1/66 DATE









Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11686 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission o. COUNTY COUNTY Maryland. Montgemers gemert, death. MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) TOWN (if outside cornorate limits write RURAL and give nearest town Rook-Wille Sen ten e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR ASTITUT ON (If not in hospital, give street address) d STREET ADDRESS hours land toral St. SEDRER CIECK. YES NO D 0 haurs after death 3 NAME OF Middle. Year DECEASED OF OEATH 1966 AUGUST 8. Give 34 170176 (Type or print) S SEX 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) WIDOWED DIVORCED 10o LSUAL OCCUPATION (Give kind of work done 106 K ND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT NDUSTRY during most of working life, even if retired)
Plasterer COUNTSA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shaufd be executed within Annie Thorpe Joseph B. Walters and Rockwille. Police - Item #2 IS WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no or unknown) If I yes a ve wor or dates of service) ar remayal, Unknown NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN Asphyxia trom- Drowning ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY crematian, DUE TO Conditions, if ony, which gave farwarded to rise to immediate couse (a). DUF TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) NO X 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) Health or its designated agent, prior PRIMARY OF CONTRIBUTING Swann Fed - Wi Creek couldn't swim. CAUSE OF DEATH 20e PLACE OF NJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg, etc.) Senecz. Md MONTI Creek of work 21 I certify that I took charge of the remains described above, held on Autopsy Inspection 📆 Inquiry X. and in my opinion the funeral director. Accident X. deoth resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball, M.D. Address (Street, city, town, or county) Bethesda. Maryland NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURTAL, CREMATION, (County) (Stote) Buttay (Specify) 8/23/1966 Parklawn Cemetery Rockville Maryland ADDRESS 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15ME (5) Robert A. Pumphrey Bethesda, Maryland DATE AUG



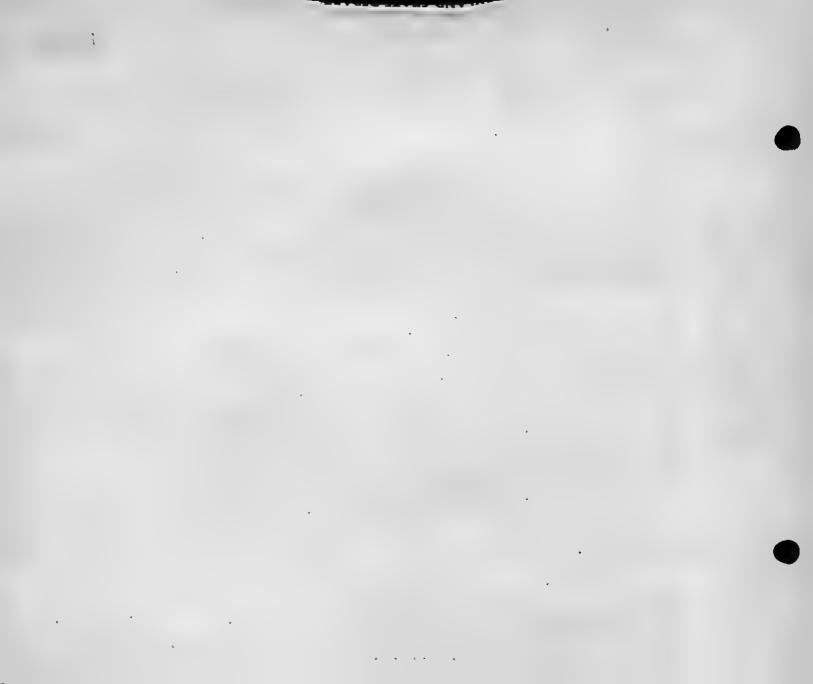
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11682 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) after death. MARYLANO 007 (If autside korparate limits, C LENGTH OF STAY IN 16 OWN (If autside corporate in its write RURA, and give nearest town) d STREET ADDRESS S RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in hosp to, give street address) hours Office along with form YES -NO IX 24 hours ofter death NAME OF Middle Year DECEASED OF DEATH Item 18. Give 19 66 (Type or print) SEX 7 MARRIEO NEVER MARRIED DATE OF BIRTH (In years birthday) 9 AGE (In years IF UNDER LYEAR IF UNDER 24 HRS Manths Haurs Wi00WED DIVORCED event AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working, te, even if retired) rd "pending" in pencil in Chief Medicol Examiner's in any pencil FALLER S NAME be executed within and DECEASED EVER IN U.S. ARMED FORCES (Yes, no, grunknawn) (If yes give war or dates of service) removol. 18 CAUSE OF DEATH (Enter only one couse per .ne for (a), (b) buriol-transit PART I OEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ONSET AND DEATH Ь certificate should cremation, DUE TO Conditions, if ony, which gave rise to immediate cause (a). farwarded to **OUE TO** stating the underlying couse burial, 1 PART H-OTHER'S GNIFICANT CONDITIONS CONTR BUT ING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMEO? YES NO ogent, prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN. JRY OCCURRED (Enter nature of injury in Part II or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur e.m factory, street, office bldg, etc.) moy be retained for your FUNERAL DIRECTOR: Poge of work its designated 21. I certify that I took charge of the remains described above, held an Autopsy [x]. Inspection X Inquiry X and in my opinion death resulted from: Natural causes Suicide Accident Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol TO DEPUTY DEPUTY MEDICAL EXAMINER X Heolth or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) 0 VR A15ME (5)



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
M	11600 CERTIFICATE OF DEATH	11683
after death. he funeral ges 1 and 2 after death.	1 PLACE OF DEATH O COUNTY D COUNTY MARYLAND MARYLAND D CITY OR TOWN (If outside corporate limits, write RURAL and give near	
within 24 haurs after aly filled in by the 300 papers. Pages within 72 hours after	Bethesda - Silver Spring Wasing 4201 Massachusetts	e is residence on a farm? Yes No
executed within 24 and completely filled emove carbon paper any event, within 7	3 NAME OF OCCASED (Type or print) C. C. C. S. SEX S OLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH S OF OCCASED (Type or print) OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BWHPLACE (County & State, exforcing country) 12 CITIZEN	rs Haurs Min.
e death certificate be exer attending physician and co permit. Then please remo an, or remaval, and in any	during mest of work ng life, even frettred) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS OKTASED EVEN IN ILS ADMED GODIES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. WAS OKTASED EVEN IN ILS ADMED GODIES? 18. SOCIAL SECURITY NO. 17. INFORMANT Address	5°. A _
s that th cian. d by the transit j	(Yes, no arunxnown) (If yes give war ar dates of service) The CAUSE OF CEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Charles Owen Watkins - 775E+Foi;	efferson St t. Mich - interval between onset and death ?
AN: The law requires of or attending physici icate has been signed for use as the burial. Health priar ta burial,	ise to immediate cause (a). Stating the underlying couse lost. DUE TO	PERFORMED? YES NO D
YSICIAN: ospital or certificate thed for u	Pulveracy Foleracy (was underlying and accident was underlying accident was underlying accident was underlying accident was underlying accident acc	
AL OR ATTENDING PH y be retained by the h L DIRECTOR: After this age 3 should be detac filed with the State Dep		
TO HOSPITAL Page 4 may TO FUNERAL director, page should be figured.	NAME (Type) NAME (Type) NAME (Type) PARTMAN AND CHARTMAN AND CHARTM	
VR A15 (4) 20 M 1/66	Joseph Gawler's Sons, Inc. Wash. DC Ave DATE SEP 3 1966 gclean	les Judge.

	DIVISION OF STATISTICAL RESI 11유유한	EARCH AND RECORDS, CERTIFICATE		STREET, BALTIMOR	E 1, MARYLAN	ID #
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b.	CITY OR TOWN (if outside corporate fimits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write	RURAL end give neare	est town]
	Silver Spring		Silver	Spring		
d	NAME OF HOSPITAL OR INSTITUTION (IF not		d. STREET ADDRESS		•.	IS RESIDE
-	<u>8811</u> Colesville R	oad	8811 Co	lesville Ro	ad Y	ES NC
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	Type or print) HI bert	Athur	MEIZZ	DEATH Hugue	4,	19 6
5 5	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	D. DATE OF BIRTH	9. AGE (fri Years last birthday)		JNDER 24
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10a dony	during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTI	RY 11 MRTHPLACE (Count	& State, or foreign country)	12. CITIZEN OF W	HAT COU
(Kestaurant Owner	Kestaurant		New Jersey	U.S. of 1	1 mes
13,	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
	Nathan Weiss		Sophie G	oldstein		
15. \ [Yas.	WAS DECEASED EYER IN U.S. ARMED FORCES? no. or unknown) (ffyesgivewerardetesafservice	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
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	18. CAUSE OF DEATH Enter only one cause	per line (or (e), (b), end (c).)	0 0		[INTERV	AL BETWE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Coronary	beclusion			Man
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	gave rise to immediate ceuse (a), steting the underlying DUE TO	0	0 10	6	9	0
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CAT	Burgers	Disease (Inter	mittent Clav	dication/	YES	NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING 1 200 DR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 1	6. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of in ury in	Part I or Pert II of Ham 18.)		
	IF EITHER, NOTIFY MEDICAL EXAMINER					
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I I	- ' '	45 -1966, and that	[] A //31	M, from the causes a		
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-	UNERAL DIRECTOR'S SIGNATURE	ADDRESS 3501-		D BY REGISTRAR 25b. REG		The state of the s
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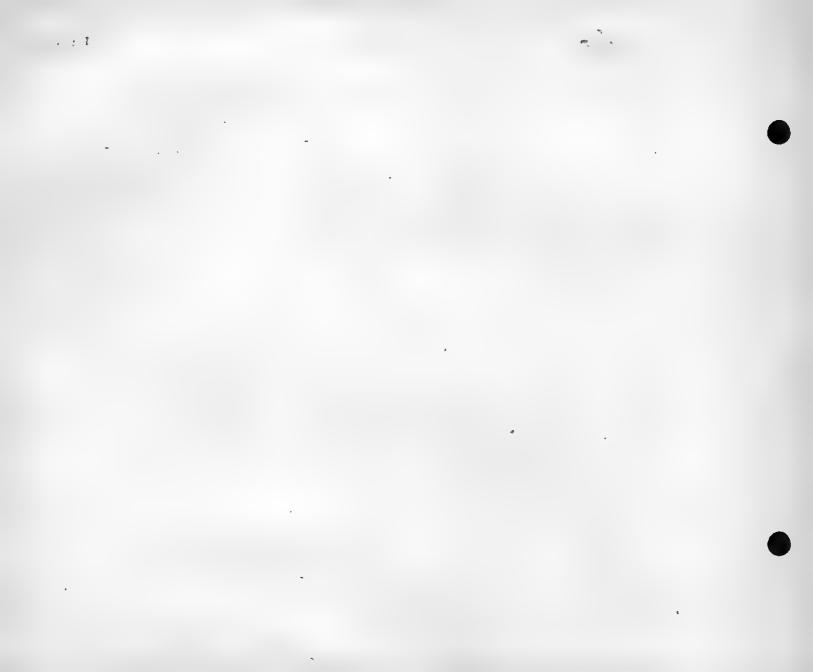
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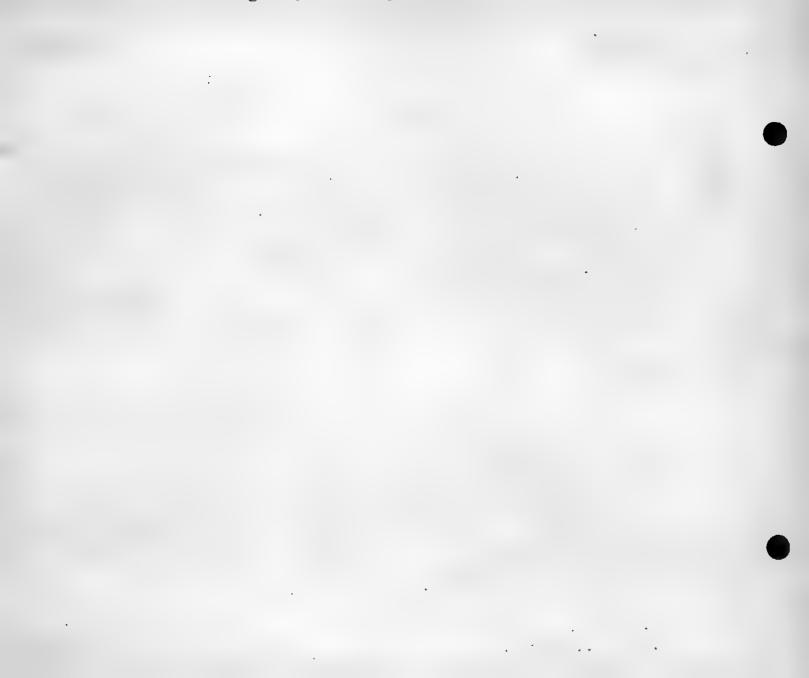
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11691 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after and campletely filled in by the remove carban papers. Pages CITY OR TOWN (If outside consorte c CITY OR TOWN (If outside c. LENGTH OF STAY IN 16 write RURAL and give neorest papers. hig 72 ho NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? NO 3 NAME OF Midd e 4 DATE Month Last Doy Year DECEASED CASSIUS 19 event, DEATH (Type or print) SEX 6 COLORADR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** the attending physician and the control of the please regions lost birthdoy) Months Doys Hours crematian, ar remaval, and in any WIDOWED DIVORCED 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Engeneer 13 FATHER STAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or/unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) by physician. DUE TO Conditions, if ony, which gove Brinchianeumani nse to immediate cause (a), DUE TO storing the underlying couse Page 4 may be retained by the haspital ar attending as the prior ta O FUNERAL DIRECTOR: After this certificate has been lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS! PERFORMED? far use CERTIF CATION be detached far use State Dept. of Health YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While at work 2). I certify that/(1)/(this hespital) attended the deceased from FULLY . 1966 to Aug 21 , 1966 that (1) (a) last 19 66, and that death accurred at 2:05 AM, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 701 23b. DATE THEREOF 234 NAME OF CEMETERY OR CREMATOR LOCATION (City or Town) (County) (Store) 23o. BURIAL CREMATION 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR **VR A15 (4)**

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 1687 law requires that the death certificate be executed within 24 hours after death death and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funerol I and a. COUNTY b. COUNTY tely filled in by the function popers. Pages 1 ct., within 72 hours after d NA MARYLAND CLENGTH OF STAY IN 16 CITY OR TOWN (f autside forparate limits, CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) tairland Koad B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO P Varsing NAME OF Middle Lost 4. DATE Doy Year completely DECEASED 1966 and in any event, (Type or print) DEATH S. SEX AGE (In years last birthday) IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** Months Haurs DIVORCED WIDOWED puo 100 USJAL OCCUPATION (Give kind of work done Db. KIND OF BUSINESS OR County & State, or foreign country) CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) arpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removol, 17. INFORMANT WAS DECEASED EVER IN L S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN (Lial bnp (((f) DNSET AND DEATH burial-transit IMMEDIATE CAUSE (a) DUE TO signed t Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending WAS AUTOPSY has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART PERFORMED? NO 🔽 this certificote ō 20d ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 ay Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. (County) factory, street, affice bldg., etc.) Not While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 1966, to/ella 19 26 and that death accurred at 1050 M. from Jouses and an the date stated above the deceased alive on Qua. 11 22b. DATE SIGNED 22d SIGNATURE ATTENDING M.O. **OIRECTOR** PHYS PHYS PHYSICIAN'S NAME (Type) 22d ADDRESS 22t. SPENCE director, po should be f 23c NAME OF CEMETERY OR GREMATORY BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) County (State) REMOVAL (Specify) ELECT. REC'D BY REGISTRAR 24 FUNERAL-DIRECTOR ADDRESS



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
4 604	11693 CERTIFICATE OF DEATH	11688
hours after death. d in by the funeral rs. Pages, 1 and 2 2 hours after death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: a. CDUNTY b. COUNTY c.	Residence before admission)
the tafter	Montgomery County MARYLAND Maryland	sortly
nours a	b. CITY DRAOWN (if outside corporate limits, write RURA and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURA Write RURAL and give nearest town)	L and give nearest town)
24 hour filled in papers. F in 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 1019 He file of the	6. IS RESIDENCE
thin 24 h	Potomore Valley Myrsing Home 1235 Potomac Valleghd. Rocky	ON A FARM?
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and corrections	MALE White WIDOWED DIVORCED HARCH 14, 1884 ST2 yrs.	
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eath certific attending r ermit. Then m, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give war or dates of Service)	P a
death e ath perm ion, (242.40-830 Min Mary Coy, gaither	med med
that the death certificate be executed within sician. Include by the attending physician and completely altransit permit. Then please remove carbon al, cremation, or removal, and in any event, with	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).1 PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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phys phys sig burit burit	Cenditions, if any, which (b) (b) gave rise to immediate	
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naw atten has e as e as o prid	underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART L(a) 19. WAS AUTDPSY
or incate icate in us	THE STATE OF THE S	PERFORMED? YES NO 19
retained by the hospital or attending physician. ETOR: After this certificate has been signed by the should be detached for use as the burial-transit with the State Dept. of Health prior to burial, crema	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1 CONTRIBUTING CAUSE OF DEATH (I FITHER, NDTIFY MEDICAL EXAMINER)	8.)
he h this etacl Dep		ounty) (State)
fter be d State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work at work	
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reta reta ECTO 3 shi with	San the deceases and di	the date stated above.
y be DiR age illed	M.D. ATTENDING DIRECTOR DIPHYS. STAFF PHYS.	11-69
SPITA 4 ma NERAL Stor, p	PHYSICIAN'S NAME (Type) D.L. BUCY 22d. ADDRESS NOT INC.	Parkille
TO HOSPITAL OR ATTENDING PHYSICIAI Page 4 may be retained by the hospit TO FUNERAL DIRECTOR. After this cert director, page 3 should be detached should be filed with the State Dept. of	23a. BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OF CREMATORY, 23d. LOCATION (City, town or confidence)	Ounty) (State)
	Edited to Thereas I Truck took that the sile are soon was	R'S SIGNATURE
VR A15 (4) 20M 1/65	Ernest C. Gartner. Court of the AUG 15 1966 fluor	Judge =



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1689FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased aved, if institution Residence before admission) **L COUNTY** P.M3. Page o* ofter death selsinche MARYLAND ond 3 Deportment TOWN (If outs de Corporate I mits, € LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSP TAL OR INSTITUTION, (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? hours **Grve Pages** ate NAME OF within 72 DECEASED OF DEATH the 1966 (Type or print) with 9 AGE (In years 7 MARRIED MEVER MARRIED Jost birthdoy) Months tem 18. WIDOWED event 10o USUAL OCCUPATION (Give kind of work done TOU KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired) INDUSTRY Ξ Examiner's Student pencil 13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) SONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Transection used as a bunat-trans burial, cremation, ar certificate should writing the word DUE TO - Motor cycle Accident -Conditions, flony, which gove nse to immediate couse (o), DUE TO stoting the underlying couse last 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) YES 🗶 NO designated ogent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Hem. 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH crashed Head on into Car-when ridering moto-cycle MEDICAL 20e PLACE OF INJURY (Home, form 20c T.ME OF INJURY Month, Day, Year (Stote) Not While factory, street, office bldg, etc.) moy be retained for your FUNERAL DIRECTOR: Poge Bethesun of work of work 21. I certify that I took charge of the remains described above, held on Autopsy 17. Inspection X, Inquiry X. and in my apintan Accident XI, deoth resulted from: Natural causes Suicide 🗍 Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy FO FUNE Reolth NAME (Type) Address (Street, city, town, or county) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (Crty or Town) (County) Removal (Specty) 8-30-1966 Front Roval Va. 25b REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Sons er s Ave Charles 1866 VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11690 CERTIFICATE OF DEATH death. 24 hours after death and I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived it institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURA, and give negrest tawn) write RURAL and a ve nearest town B IS RES DENC d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM executed within NAME OF First Middie Last DATE Manth Doy Year carban DECEASED 0F 19 DEATH (Type or print) IF LINDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (in years 7. MARRIED NEVER MARRIED nave birthday Manths Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 ISUAL OCCUPATION (Give kind of work done Book Binder that the death certificate attending physici ≥≡rmit. Then ple 13 FATHER'S NAME 14 MOTHER'S MAJOEN NAME, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Ybs, no_or unknown) ((If yes give wor or dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause has been last. S WAS AUTOPS PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18) 20g. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bida, etc.) at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. be retained 19 (12, and that death accurred at 92 A M, fram couses and an the date stated above. saw the deceased alive on... 22b. DATE SIGNED 22a SIGNATURE M.D. PHYS DIRECTOR PHYS. 22d **ADDRESS** 22c. PHYSICIAN'S NAME (Type) directar, shauld LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Spenty) 2write FUNERAL DIRECTOR



1 (86)	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		11696 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11691
HEALTH DEPT.	1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution; Residence before admission)
in a gent		o. COUNTY Montgonzery MARYLAND STATE Wary 1 3121. D. COUNTY NIONT Gennery
f any delay is 1, 2, and 3 to m PM3 Page Department of irs after death		b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
PM3 PM3 gartmen	-	Take Mada Parix 10 Min. Silver Spring.
	, [d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS
ges for	1	Washington Sam. + Hospital 9621 Breclock. Kel- VES 1 NO NO
d within 24 hours after death. If in pencil in Item 18. Give Pages 1, Examiner's Office a ang with farm. File pages Land 2 with the State Deand in any event within 72 hours.	3	NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED (1790 or print) 1 , + Cell 8 Will'S. DEATH A 59 12 1966
Give mg v	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR F JNDER 24 HRS.
2 will		Fe- Negro WIDOWED DIVORCED 9/12/16 Just buildow) Months Doys Hours Min
hin 24 haurs nail in Item 18 niner's Office pages Land 2 v in any event		LIS. AL OF CUPATION (Give kind of work done) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CTUZEN OF WHAT
1 24 1 I in Is er's C er's C any a		ing mospolworking lie even if refresh NONC. Takbottow, GA. COUNTRY. A.
hin nine page	13	FALMER'S NAME 14 MOTHER'S MAIDEN NAME
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be execute "pending" nief Medical ansit permit or remaval,	3	IR CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
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ate shauld be e the ward "per of to the Chief ! a burial-transit crematian, or re		Conditions if any, which gove) (b) Carelie Vascular Disease. Years
sho a th buri		(conditions if ony, which gove) (b) Carclie Vascular Disease. Years
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s certificate shauld e, writing the ward farwarded to the Ch used as a burial-tro burial, cremation,	1	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
h's ce ate, w e fan be us	FICATION	AEZ WO NO
R: Th's ertificate uld be f s. auld be prior ta	CERT FIC	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 1B) PRIMARY OF CONTRIBUTING [
INER: 1 should be files. 3 should be	CAL CE	CAUSE OF DEATH
	MED C	20c TIME OF INJURY Month, Day Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form, Hour o.m. 19 While Not While of work of work of work 19 o
L EXAM kecute th Page 4 for your DR: Page	-	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
EDICAL EX case executions tractor. Paga ained for yr ained for yr		deoth resulted from: Notural couses X, Accident , Suicide , Homicide , Undetermined monner
MEDICA ilease ex- director. stained in DIRECTO		CHIEF MEDICAL EXAMINER
Y M ple al di ret ret its		SIGNATURE SIGNATURE AND ASSISTANT MEDICAL EXAMINER 3/3/66
DEPUTY MEDICAL EXAM stessary, please execute the funeral director. Page 4 may be retained for yaur FUNERAL DIRECTOR: Page		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Street city, town, or county)
TO DEPUTY ME necessary, plea the funeral dirus 5 may be retai TO FUNERAL DIR Health or its d	23	BUR AL CREMATION, 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
D = ± ~ 5 ±		Burial 8-16-66 Harmony Memorial Prince Georges, Md.
VR ATSME (SAC)	2	
6M 1/66		your from the first of the first of the finds



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY New Jersey Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 6 Davs Colonia Bethesda e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? The Clinical Center, Bethesda, Maryland 203 Cypress Drive □ No □X 3. NAME OF OECEASED DATE Mon th DEATH (Type or print) Winslow 19 Bradlev 66 Francis August AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED Y NEVER MARRIED DATE OF BIRTH last birthday) Months Davs WIDOWED [DIVORCED | November 1924 Mala 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY TT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? New York Office Supervisor Communications TISA death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Caldwell Bradley Winslow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. S 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records

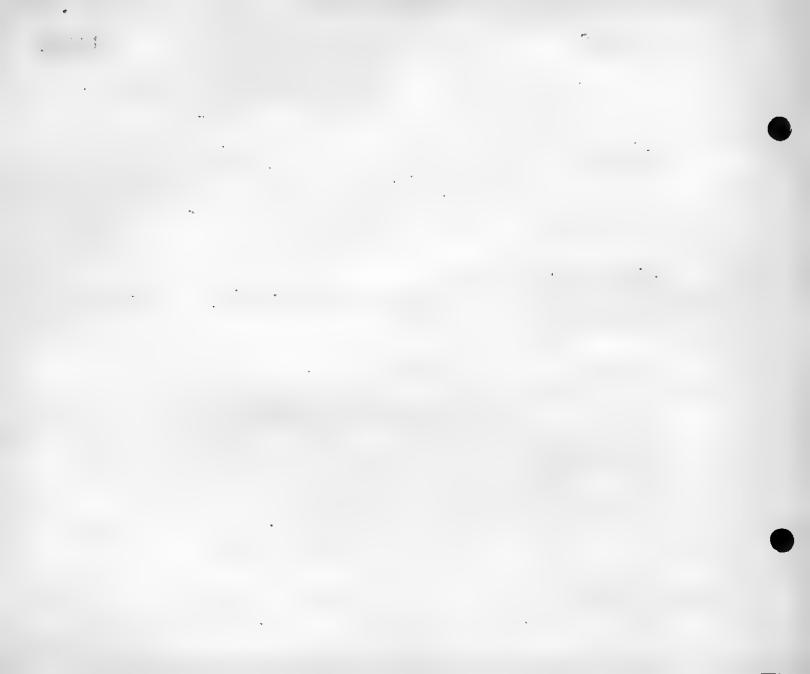
New The Clinical Center, Bethesda, Maryland (Yes, no, or unknwn) (If yes give war or dates of service) * YES WW TI INTERVAL BETWEEN ONSET AND DEATH MONTH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Failure been signe the burial-l or to burial, DUE TO Conditions, If any, which Hepatic Failure 1 month gave rise to immediate DUE TO cause (a), stating the underlying cause last. SB 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Rheumatic heart disease, aortic stenosis & insufficiency, insufficiency YES TX

20a. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part | or Part | of Item 18.)

OR CONTRIBUTING | CAUSE OF DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While at work at work 21. I certify that (4) (this hospital) attended the deceased from 27 July 19 66 to 2 August, 19 66, that M (we) last DIRECTOR: age 3 should lied with the 19 66, and that death occurred at 9:10M, from the causes and on the date stated above. saw the deceased alive on 2 August? 22b. DATE SIGNED 22a. SIGNATURE TO FUNERAL DIRE
director, page 3
should be filed v MED. STAFF DIRECTOR PHYS. ATTENDING X August 2. 1966 HOSPITAL 22d. ADDRESS The Clinical Center, National PHYSICIAR'S Institutes of Health, Bethesda, Maryland David Beiser, M.D. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23h. DATE THEREOF GERTRUDE's 8-6-1966 CEMETERY COLONTA 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNA 10 LISC 2460 ADDRESS 24. FUNERAL DIRECTOR DOVER VR A15 (4) DATE 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11698 11693 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) o. COUNTY **b** COUNTY remave carban papers Pages 1 n any event, within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits c. JENGTH OF STAY IN 16 CITY OR TOWN carparate timits, write RURAL and give nearbst tawn e IS RESIDENCE ON A FARM? ⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS filled 1 NO X YES NAME OF First DATE Ogy Year DECEASED OF 30 Type or print) 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX (In yeg OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED birthday) Manths Davs Hours In any WIDOWED DIVORCED ond 12 CIT ZEN OF WHAT JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) please during mast all working life, even if retired) Own Home attending physician permit. Then please 14. MOTHER 5 MAIDEN NAME FATHER 5 NAME burial, crematian, ar removal Inlins Harvey WAS DECEASED OVER IN U.S. ARMED FORCES? Wood Addings same as above (Yes, no or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. signed t DUE TO Conditions, if only which gove rise to immediate cause (a), DUE TO stating the underlying cause has been priar ta as the last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? TO FUNERAL DIRECTOM: After this certificate hadirector, page 3 should be detached far use shauld be filed with the State Dept. of Health p NO YES [20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20c TIME OF INJURY Manth Oay, Year (Stote) factory, street, office bldg., etc.) Not While 19 at wark 2) | certify that (1) (this haspital) attended the deceased fram. auxi -30 19 66 that (1) (we) last 19 6 , and that death occurred at saw the deceased olive on M, from coushs and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED **ATTENDING** , rus M.D. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) BOR 23d LOCATION (City or Town) 23a BURIAL, CREMATION, -23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Arlington, Virginia Arlington National Cem. 1966 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11699 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death (uneral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution Residence before admission) a. COUNTY COUNTY MARYLAND b CITY OR TOWN (If outside carparate limits. C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside torporate limits, write RURAL and give neares) John NAME OF HOSP TAL OR INSTITUTION (if not in haspital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS physician and campletely filled in Jan NO X NAME OF DATE carbon Lost Year DECEASED 19/0 (Type ar print) event DEATH AGE (In years S SEX IF UNDER 1 YEAR 6 COLOR OR RACE MARRIED IF LINDER 24 HRS **NEVER MARRIED** last birthdoy) Months Days Hours PAUC. WIDOWED DIVORCED 10a LSUAL OCCUPAT ON (Give kind of work done 105 KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY ? INDUSTR) MARYLAND GOV'NT 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME remayal, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) UNKNOWN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o). Conditions, if ony, which gove nse to immediate cause (a), DUE TO stoting the underlying couse as the this certificate has been los! WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) ad for use af Health p YES NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or Iown) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour a.m. factory, street, office bldg., etc.) Not While Page 4 may be retained by the DINECTOR: After at wark 19 66 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 1961, to 8 and that death accurred at 1039 M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR M.D. PHYS 22d_ ADDRESS BURIAL, CREMATION 23b DATE THEREO 230 NAME OF CEMETERY OR (REMATOR) 23d LOCAMON (City or Town) (County) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 25b. REGISTRAD'S SIGNATURE VR A15 (4)



DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence a. COUNTY 5. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, rporate I mits, write RURAL and give neerast town) c. LENGTH OF STAY IN 16 write RURAL and give neerest lown) -hesdia d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO papera 3. NAME OF 4. DATE Year complete DECEASED OF (Type or print) DEATH carbon IF UNDER 24 HRS. 6. COLOR OR RACÉH AGE (In your IF UNDER I YEAR) 7. MARRIED NEVER MARRIED lest birthdey) and Months Days Hours WIDOWED DIVORCED 20 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during mast of working life, even if retired) 13. FATHER'S NA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per fine for (e) (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY .MMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava rise to immediate cause **DUE TO** (a), sleting the underlying PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY **REDFORMED?** CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20s, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f., (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work D.M 21. I certify that (I) (this hospital) affended the deceased from. G and that death occurred at 2. M. from the causes and on the date stated above. 22b. DATE SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS (Stata) 23a, BURIAL, CREMATION, 1 23b 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 흥 0 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

OLI STEEL 44211

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1696 FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY_2 o. STATE b. COUNTY gomeri MARYLAND delay b. CITY OR TOWN (If autside carporate limits. C. LENGTH OF STAY IN 15 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give negres Town) after Depar e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ADDRESS hours YES NO haurs after death. Office along with 3. NAME OF 4. DATE Manth Day Year DECEASED (Type or print) DEATH with S. SEX AGE (In years IF UNDER | YEAR 6. COLOR OR RACE 7 MARRIED DATE OF BIL IF UNDER 24 ARS NEVER MARRIED The last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? .⊑ Examiner's 027 pencil 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME = and WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMA SOCIAL SECURITY NO. Address icate, writing the ward "pending" is be farwarded to the Chief Medical permit. (Yes, no. or unknown) If If yes give wor or dotes of service) remaval 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH D IMMEDIATE CAUSE (o) This certificate should crematian, DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? the certificate, YES Pe 10 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) prior 3 should PRIMARY | or CONTRIBUTING | shauld CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Page / of work designated 21. I certify that I took charge of the remains described above, held on Autopsy FUNERAL DIRECTOR: Inspection X Inquiry A ond in my opinion far deoth resulted from: the funeral director. Natural couses Accident Suicide | | Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE P EXAMINER'S Address (Street, city, Health (NAME (Type) fowr or county may 23c. NAME OF REMETERY OR CREMATORY 23g. (BURIAL) CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Jown) (County) (State) 0 MOVAL (Specify) 256 REGISTRAR'S SIGNATURE 2So. REC'D, BY REGISTRAR 24. FUNERAL DIRECTOR Ocharles Ju VR A15ME (5) 1966 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11702 CERTIFICATE OF DEATH and USUAL RESIDENCE (Where deceased lived, if institution: Re-PLACE OF DEATH 24 hours ofter deal o. COUNTY b. COUNTY MARYLAND CUT OR TOWN (If outside corporate limits, write RURAL and give nearest layer) popers. Pag thin 72 hours (d. STREET ADDRESS INSTITUTION (If nation hospital, give street address) ON A FARM? 70 YES | NO X the death certificate be executed within carbon 3. NAME OF Middle DATE DECEASED (Type or print) OF DEATH AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED a.cmove Days 26 irthday) 57 WIDOWED DIVORCED JOB. KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT Pl. BIRTHPLACE (County & State, or foreign country) duping most of warking life, even if retired) one FATHER'S NAMI en 15. WAS DECEASED EVER IN U.S. ARMED FORKES? 16. SOCIAL SECURITY NO. (Yes, no, 9 unknown) (If yes give wor or lates of service) 579-03-8975 Address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH law requires that Generalized carcinomatosis IMMEDIATE CAUSE (a). **DUE TO** Conditions, if ony, which gove (b) Metastases from primary large bowel carcinoma rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) USe YES 🛶 NO F far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Haur o.m. factory, street, affice bldg., etc.) Nat While TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased fram. 19,500 to 15 - X , 1966 that (1) (we) last 1966 and that death accurred at SOM, from causes and on the date stated above saw the deceased alive an 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** August 9, 1966 DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may NAME (Type) Paul D. Cantor, M. D. 4709 Montg. Lane. Bethesda, Md. director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (State) (County) Burial (Specify) 8/11/1966 Parklawn Cemetery Rockville Mtg. Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR ATE (4) 20 M 1/66 Robert A. Pumphrey Funeral-Bethesda. Md. 1966 Charles

TO BE DESCRIPTION The second second second equilibration forms a spill messages most consistent £ research of the second of th This intestruction is neglected, in a graph of the party and the state of the state Public of the contract of the placers supplies waster building by